

DOCTORAL THESIS

An Exploration of the Experiences of Religiously Committed Counselling Professionals Working with Religious and Non-religious Client

Lopes de Jesus, Lara

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**An Exploration of the Experiences of Religiously
Committed Counselling Professionals Working with
Religious and Non-religious Client**

by

Lara Lopes de Jesus BSc

A thesis submitted in partial fulfilment of the requirements for
the degree of Professional Doctorate in Counselling Psychology
(PsychD)

**Department of Psychology
University of Roehampton
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Abstract

Most of the existing research on relationships between counselling and religion has addressed how practitioners provide services to religious clients or on strategies for working with people from specific religious traditions. The focus of this study is on how counselling professionals' religious identity may impact on their clinical work. All the participants had at least one year of post-qualification experience working with religious and non-religious clients. Nine participants (6 female and 3 males) were interviewed and the data were analysed using a social constructionist version of Grounded Theory. This gave rise to four different yet highly related sub-categories. These were as follows: 1) Meaning making: Identity within the context of religion, 2) Keeping my faith life and my psychotherapy life separate, 3) Disclosure: The Unavoidable Blend between Religion and Counselling, 4) The Impact on Therapy. The findings of this study suggest that there is a tension in the way counselling professionals are managing their religious identity within their professional environment (i.e. training, supervision and counselling room). This tension seems to be centred on a need to protect their religious self from challenges imposed by professional colleagues, and a need, at least for some participants, to use the counselling room to reinforce their religious beliefs. While some participants have consciously chosen to keep their religious self out of the therapy room, others emphasise this split between religious and professional self is not possible when it comes to their counselling practice. The participants' need to protect themselves from potential negative judgment was identified as a complex phenomenon that formed the basis of the core category 'Protection'. The findings have added a novel perspective in recognising the impact a counselling practitioner's religious beliefs has on their clinical, supervisory and training experiences.

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Chapter 1: Introduction

Following intense reflection, I decided to conduct this study for three reasons. First, coming from the largest Catholic nation in the world, Brazil, and seeing the influence religion plays in people's lives, I developed a growing interest in the experience of religiously committed counselling professionals working in the UK, where it appears religion and psychology cannot blend, contrary to Brazil. My assumption has been emphasised by observing the struggles of fellow trainees in the field of Counselling Psychology to keep their beliefs outside the therapeutic room. The influence of religious beliefs in the practice of counselling seems to me underestimated. Secondly, I have underestimated the role religious values have played in my own life, possibly as a result of my marginalising religiosity for myself and ignoring how much it underpins my cultural context. Thirdly, I also noticed that when discussing counselling and diversity in training religiosity was never addressed, and that generally in the UK people seem to be more comfortable with calling themselves spiritual, but religious seems to have a negative connotation.

It was during this time that I realised the minimal attention given to religion and spirituality in Counselling Psychology training. As Bartolli (2007) accurately suggested, the reluctance to acknowledge this in training courses makes it necessary to question whether we as (counselling) psychologists consider and address the needs of religious and spiritual clients appropriately, and how our own religious beliefs can influence our clinical practice. This led me to pursue my research interests in this area.

For the purpose of this study, the terms 'religion and spirituality' and 'counselling psychology' will be defined. Although I recognise some difference between religion and spirituality, as consistent with much of the literature, these terms will be used interchangeably. As Hill et al. (2000) stipulated, religion and spirituality are interrelated rather than independent concepts. Both religion and spirituality involve a sense of ultimate purpose, meaning and values as a sense of the sacred as well as a relationship with a transcendent higher power. Nevertheless, religion accentuates the institutional connection, with a common set of convictions and practices of those within the religious group (Fallot, 2001). Counselling psychology had been defined as a fusion between psychological theory and the practice of counselling (Woolfe, 1996). Similarly, the principal role of a counselling psychologist is to integrate psychological theory and research for the benefit of therapy (BPS, 2007).

The argument for a closer engagement with religion and spirituality in counselling psychology is robust, and it is a polemic that presents an opportunity for further research. Evans (2003) asserted this move strongly by highlighting that the practitioner's capacity to consolidate spirituality into therapy determines their competency in managing the culture of the client. This could be subject to a more expansive debate, but what I deduced from this was a premise that cultural diversity, religion and spirituality could be considered simultaneously and, in fact, it was important to do so. It was through this realisation that the idea for the study ensued.

Furthermore, as mentioned earlier, to address religion and spirituality is considered an important facet of a culturally competent practitioner. Therefore, this study is encouraging the discipline of counselling psychology to engage with this process more

intimately, particularly in relation to a minority group that has never (to date) been explored in counselling psychology research.

1.1. Research Aims and Objectives

Aims

This research aims to provide an insight into the experiences of religiously committed UK based counselling professionals working with religious and non-religious clients, looking in particular at the experience of working with clients who hold similar and dissimilar beliefs to those held by the participants. Shafranske (1996) characterized religious commitment as having three distinct levels: affiliation, belief and practice. This research has focused on two of these levels: affiliation and belief, since it will explore how practitioners negotiate possible conflicts between their religious values and their therapeutic practice, training and supervision, and how their religious beliefs may influence the way they choose to respond to clients. The initial research question, which has served to identify the phenomenon of interest was: What if any are the possible difficulties faced by religiously committed counselling professionals working with religious and non-religious clients?

Objectives

- To provide the first and only comprehensive account of the experiences of religiously committed counselling professionals in the UK, which includes professionals with different religious and therapeutic approaches.

- To explore the impact of counsellors' religious or spiritual beliefs on their counselling practice.
- To add to the body of research in counselling psychology and thus the discipline's commitment to cultural diversity

1.2. A Brief Overview of the Chapters that follow

Chapter 2: Literature Review

This chapter begins with an overview of the current available literature and research relevant to the importance of religion as an aspect of cultural diversity and its impact on counselling practice. This was considered with particular reference to the importance of developing culturally sensitive services.

Chapter 3: Method and Methodology

This chapter begins by describing the epistemological position taken by the researcher. With regard to the methodology, a description of Grounded Theory is provided and, more specifically, social constructionist approaches; as well as the rationale for employing grounded theory. In relation to the method, the chapter provides an explanation of the data gathering and analysis procedures followed in the research. Lastly, an explanation of the researcher's position within the research and the criteria applied to evaluate the study is given.

Chapter 4: Analysis and Initial Discussion

The findings of the data analysis are presented in this chapter, with supporting quotes from the participant's interview transcripts. This chapter details the formation of the focus codes, categories and core categories leading to the construction of a theoretical model about the experiences of religiously committed practitioners.

Chapter 5: Further Discussion and Conclusion

In this chapter the findings of the grounded theory analysis are discussed further under the category headings and evaluated in the light of existing literature. In concluding this study the limitations of the findings and the use of research method are discussed. Suggestions for improvements, as well as future research avenues are noted.

Chapter 2: Literature Review

2.1. Religion, Cultural Diversity and Counselling Psychology

“Religion plays an important and influential role in every culture known.” (Taylor, 2002, p. 2). In the UK over 75% of the population declared that they hold religious and spiritual beliefs (ONS, 2003). In more recent years, an increase in publications regarding religion and spirituality and its relevance to psychology was noticed (Koenig & Larson, 2001). This is evident in the various journals that focus on the subject, such as The Journal of Scientific Study of Religion, The International Journal for the Psychology of Religion and Mental Health, Religion and Culture, which were all established within the last 20 years. This contributed to the rising discourse and the

visibility of research regarding religion and spirituality in psychology (Emmos & Paloutzian, 2003).

Nevertheless, according to West (1998), spirituality remained a difficult issue for counselling and psychotherapy. In fact, over 90% of psychologists reported that religious issues were rarely, if ever, addressed in education and training (Shafranske, 1996; Shafranske & Malony, 1990). However, it must be borne in mind that this research is over fifteen years old, although it is still being cited in publications in the field of counselling and psychotherapy. Perhaps this neglect has been due to the fact that many counselling professionals seem to have been led to believe that religion and psychological approaches are incompatible (Aten & Hernandez, 2004). However, research showed that 52% of counsellors had a definite belief and value system, including reference to a divine Being (Lynch, 2003). In addition, 26% viewed this as important for their work as therapists (Lynch, 2003). This may suggest that their religious values and beliefs played an important part in how they conceptualised their practice.

Lomas (1999) observed that therapists' views on almost every issue involving personal relations influenced the way they chose to respond to clients. Thus, this study will explore how religious experiences and beliefs of ¹counselling professionals influence their work with clients.

¹ Although the researcher has used an array of job titles (psychologists, therapists, counsellors, counselling professionals and practitioners), unless otherwise indicated, these are intended to be general (rather than specific) to the various helping professionals.

This research is concerned with one aspect of cultural diversity: religion. It was broadly claimed that increasing numbers of people were seeking what was generally termed the transcendent through spirituality and religion (Johnson & Hayes, 2003; Miller & Thoresen, 2003; Myers & Williard, 2003). Thus it could be argued that religious experience is a common part of life to many people, and if counselling practice is to engage with the whole of clients' experiences, this needs to be acknowledged in the therapeutic encounter. Although there is a wealth of literature on counselling and spirituality, most research has focused on the integration of faith or spirituality into counselling or on how to work with clients' spirituality or religious beliefs (e.g., Belaire & Young, 2002; Guinea & Tracey, 1997; Hannon & Howie, 1994). There have been very few empirical studies on the impact of counsellors' religious or spiritual beliefs on their counselling work, and those that there were focused on professionals who held a specific religious belief, and followed a specific therapeutic approach (e.g., West, 1998; Baker & Wang, 2004; Martinez & Baker, 2000). It is also noteworthy that none of these studies looked at the experiences of counselling psychologists. The relevance of religion and spirituality was considered in relation to psychiatry, health care and clinical psychology (e.g. Coyle, 2001; Shifrin, 1998). However, academics were limited in considering religion and spirituality in counselling psychology, although this trend may have changed with the emergence of notable expectations (e.g. Hayes & Cowie, 2005; Haque, 2001).

The concept of competency to deal with religious and spiritual issues in therapy has also been addressed in the literature (e.g. Vieten et al. (2013) for psychologists, and Cashwell & Watts (2010) for counsellors), but on these studies awareness of the impact of the professional's own religious and spiritual issues is only included as one item of

competency, whereas the present study looks for counselling professionals, to explore the impact in far greater detail.

Not all participants in this study were counselling psychologists; counsellors and psychotherapists were also included in the sample. Given the fact that counselling psychology as a specialty has a strong tradition of commitment to cultural diversity (Vera & Speight, 2003), it seems crucial to examine the experience of religiously committed counselling psychologists working with religious and non-religious clients as well as professionals from the allied professions.

Furthermore, this lack of recognition for counsellors' religious beliefs may be justified by research that showed that health professionals were less religious than the general population, such as that of Kelly (1995). In a national survey conducted for the American Counselling Association, Kelly (1995) found that 64% of 479 members believed in a single omnipotent Being, 25% believed in spiritual existence, 85% felt that a spiritual understanding of the universe was an important value, and 70% were affiliated to an organised religion. Furthermore, Kelly (1995) found that those counsellors who identified themselves as religious valued religion more for its philosophical grounds than for its social benefits. These findings have demonstrated that at least in the United States mental health professionals in the nineties were as religious as the general population. This research aims to assess the extent to which the religious experiences of these professionals may be influencing their counselling practice. Smiley (2001) has provided the only extant survey of UK clinical psychologists' religion. Only 18% of his sample of 247 reported formal affiliation to a traditional religion; the figure rose to 38% when "informal affiliation" was added and

to 68% when those affirming "non-traditional spirituality" were also included. Interestingly, the 18% reporting formal religious affiliation also indicated levels of personal religious practice above general UK population levels (Brierley, 1999); this is in respect of self-reported frequency of both regular attendance at a place of worship, and personal prayer: "a small but significant number [of psychologists] who could be classified as strongly religious" (Smiley, 2001, p. 39). One may wonder how these professionals have been negotiating their work as therapists while at the same time being religiously committed counsellors in a traditionally secular field. This research hopes to provide an understanding of the counselling practice experiences of these professionals.

In a striking parallel to the literature on cross-cultural practice, where research usually focused upon a White counsellor working with a non-White client (Arredondo et al., 1996), it also seems to be assumed in research in the area of counselling and religion that counsellors will be primarily non-religious, working with religious clients. Within this framework, it is only clients who are being considered as different; religious identity is part of the client situation or the problem to be dealt with. The practitioners' religious identity and the possible effects of this on the counselling process are being ignored. Thus it could be argued that research based solely on a client's religious identity may perpetuate stereotypical conceptualisations. This study aims to explore not only the impact that the religious beliefs of counselling psychologists may have on the therapeutic process, but also the differences that may lie within this group of professionals who are religiously committed by recruiting professionals from different, religious orientation, and therapeutic approaches.

Qualitative research is concerned with understanding a phenomenon from the perspective of the research participant and the meanings people give to their experience (Willig & Stainton-Rogers, 2008). Thus, this study aims to invite an opening out of our understanding in several ways of the experiences of religiously-committed counselling professionals working with religious and non-religious clients; it will also look at the experience of working with clients who hold beliefs both similar and dissimilar to those held by the participants.

2.2. A Review and Critique of Other Work in the Field

While several quantitative studies questioned ‘mental health professionals’ about their religious beliefs, (such as for example Bilgrave & Deluty (1998) who sampled 239 U.S. counselling and clinical psychologists, and reported that 66% positively endorsed religious belief), qualitative studies produced more fine-grained findings.

In a qualitative study, Myers and Baker (1998) analysed themes emerging from interviews with eight religiously-committed UK clinical psychologists. Their accounts of experiences in training, supervision, personal therapy and professional practice were analysed using grounded theory methods. Their affinity with religious issues was described by them as facilitating the recognition of relevant religious material from clients, and at times as contributing to the formulation of their problems. In addition, religious commitment was described as giving them personal energy in their client work.

A particularly noteworthy feature of the Myers and Baker (1998) study is the homogeneous sample. Thus their findings may be seen as an illustration rather than a generalisation of the experiences of psychological therapists, and their value has lain in their stimulating further questions. The present study recruited professionals from different disciplines and different religious beliefs in an attempt to provide a wider account of religiously-committed counselling professionals working in the UK. In addition, differently from Myers and Baker (1998), this study focused particularly on examining the counselling practice experience of religiously-committed counselling professionals working with religious and non-religious clients. It examined whether and how their therapeutic practice differs from working with clients who hold identical or different religious beliefs from theirs.

Furthermore, West (1998) interviewed nineteen Quakers who were counsellors and psychotherapists about the impact of their spiritual beliefs on their work. The transcripts were analysed using heuristic methods. It was found that participants' work was being impacted in many ways: their sense of their own spiritual journey helped them understand their clients' spiritual journey; their spiritual faith underpinned their work; it gave them something extra, which included inspiration, spiritual preparation before and between therapy sessions, and prayer; and for a minority of respondents there were conflicts which were sometimes expressed during supervision. This may suggest that some religiously-committed counsellors are struggling to integrate their religious values with their therapeutic work. The researcher was particularly interested in exploring the difficulties, if any, these professionals might be encountering in working in a traditionally secular field, and how these difficulties were being managed.

The qualitative data produced by these studies has clearly shown the influence of religious values on therapeutic practice. However, values are difficult to define even though everyone recognises and uses the concept. For the purpose of this research, values are being defined according to Hecker (2003). He stated: “Values are fundamental beliefs about what is good and important in life”. According to Worthington (1998), values play an important role in the therapeutic process; they help determine what changes can and should be made, and who should make them. It could be suggested that when differences in values are apparent in the therapy room, it is the therapist’s responsibility to determine how this affects the relationship and process of therapy.

Many different types of values seem to be important to perceived therapy effectiveness in the literature – professional values, moral values, and in many studies religious values were argued as central (e.g., Beutler, 1979; Kelly & Strupp, 1992). Research on the impact of therapist values in counselling dates back at least as far as Rosenthal's classic studies some 50 years ago (Rosenthal, 1955) and was followed by many other studies (e.g., Arizmendi, Beutler, Shanfield, Crago, & Hagaman, 1985; Beutler, 1979; Beutler et al., 1983; Kelly & Strupp, 1992). Rosenthal essentially found that value similarity was highly associated with therapeutic improvement. He found that on a test of moral values client scores changed during therapy, with those clients who were rated as improved becoming more similar to their therapists, while those rated as unchanged tending to become less like their therapists. Nevertheless, it is important to point out that the scoring was done by the therapists, not the clients. This might suggest a potential need for clients to please their therapists, and/or conflict of interest on the

therapist. I would argue that most professionals would prefer to report their client's improvement rather than their lack of progress or deterioration.

Nonetheless, this finding has been confirmed and replicated across many types of experimental designs, therapists, settings, and clients. Larry Beutler has been a leader in the research about value convergence, as it has come to be known (Beutler & Bergan, 1991; Beutler, Johnson, Neville, Elkins, & Jobe, 1975; Beutler et al., 1983). Beutler and his colleagues showed that value convergence is even more important to therapy improvement than a host of other factors, such as therapist reliability and capability (Beutler, 1979). These findings clearly showed that counselling practice is not a value free enterprise and it may be unreasonable to expect psychological therapists to have eradicated their religious beliefs before they enter the counselling room.

This last finding is especially intriguing, because it may suggest that for therapy to be successful, clients and therapists have to converge on their religious values. But what is meant by convergence? It could be argued to be a mutual and reciprocal relationship between client and therapist. However, as Alan Tjeltveit's (1986) insightful review of research on values revealed, this convergence is not some idyllic fusion of horizons. Overwhelmingly, data yielded from these studies have indicated that therapists did not change their values during therapy; only clients changed their values (Tjeltveit, 1986). One might argue that therapists perceived success in therapy only when their clients adopted values like their own, including their own religious values. As Tjeltveit (1986) put it, this phenomenon should have not been known as "convergence" but rather "conversion" (p. 516). It could be suggested that therapists were essentially converting their clients to their own way of thinking, including their religious values, and not

considering them ready to end therapy until they did convert. Again Kelly (1990) noted in later reviews of value research that values convergence (or conversion) did not apply to clients' ratings of their own improvement; it applied only to the therapist's ratings of improvement and normality. Thus, clients' views on whether counselling had had a positive impact on their lives were being totally disregarded.

If clients are likely to assume values similar to those they attribute to the counsellor as suggested by Kelly (1990), then extra monitoring on the clinician's part will be necessary to make certain that his or her values are not inflicted on the client. Thus it is important to focus not only on the manner in which spirituality and religion affect clients (Constantine, Lewis, Conner, & Sanchez, 2000); it is also important to explore how religion and spirituality are incorporated into the theory and practice of counselling (Knox, Catlin, Casper, & Schlosser, 2005).

This research therefore aims to illuminate the experiences of religiously committed counselling professionals, focusing in particular on the experience of those working with clients who hold similar and dissimilar beliefs to those held by the participants.

It is relevant to note that according to ONS, (2003), a total of 72% of the UK population were designated as Christian, 8% as Muslim and 5% as belonging to other religions and sects. Therefore, it is important to consider that many counselling professionals are likely to subscribe to a particular religion, as well as many clients.

2.3. The Relationship between Psychology and Religion

In the past, academic literature on mainstream psychology rarely considered the relevance of religion and spirituality (Miller & Thoresen, 2003). This may be due to the fact that religion and spirituality include experiences that cannot be empirically supported (Argyle, 2002). This represents a challenge for counselling psychologists who, in accordance with the philosophical underpinnings of the scientist-practitioner model, endeavour to advance the discipline through evidence based practices. In addition to this, counselling psychologists need to consider the role of established psychological theory in marginalising religion and spirituality. Parsons and Jonte (2001) emphasised that many psychological models failed to appreciate that the significance of religion and spirituality can be both positive and negative, depending on the issues identified. The researcher believes that reviewing the research literature may indicate how the understanding of this area may influence clinical practice.

Historically, religion has been marginalised in mainstream psychology. Freud (1963) described religion as: “potentially so infantile, so foreign to reality ... it is painful to think that the great majority of mortals will never be able to rise above this view of life”(p.11). Albert Ellis (1980) emulated Freud’s anti-religious stance by speculating that religiosity and emotional disturbance were not dissimilar. It is important to note that Freud was not religious and Ellis was an atheist, so their experiences may have influenced their positions.

Although Ellis and Freud made no mention of the term religious fundamentalism, their theories of religion appear to be related to this construct. Ellis (1962) argued that devoutly religious individuals were not open to change and tended to be narrow-minded

and bigoted. Ellis (1980) argued that religion and religiosity, when characterized by devoutly and absolutely held beliefs, were associated with mental disturbance. He claimed religious devoutness was typically associated with irrational beliefs, which were the basis for psychopathology, as conceptualized by his theory of psychological disturbance. Freud (1928) speculated that religion was the social-cultural manifestation of a psychological defence aimed at fostering feelings of safety and controllability in the face of the traumatic forces of nature. According to Pargament (2007), Freud's theory assumed that religion serves to reduce tension. Generally, Freud's and Ellis' theories suggested that religious thinking could be related to psychopathology.

Altemeyer and Hunsberger defined religious fundamentalism as “the belief that there is one set of religious teachings that clearly contains the fundamental, basic, intrinsic, essential, inerrant truth about humanity and deity; that this essential truth is fundamentally opposed by forces of evil which must be vigorously fought; that this truth must be followed today according to the fundamental, unchangeable practices of the past; and that those who believe and follow these fundamental teachings have a special relationship with the deity” (1992: 118).

The work of Freud and Ellis had a significant effect on guiding counselling psychology. Hence, the impact of their statements, as such noticeable figures, on the mentality towards religion in psychology. Indeed, even along these lines, it must be noticed that the psychoanalytical methodology has made some significant commitments to the comprehension of religious experience.

Loewenthal (1995) produced a thoughtful summary of this and inferred numerous psychoanalytical speculations intended to conceptualize a person's relationship with God. From the start, different scholars emphasised the existential and meaningful essence of religion and spirituality. Jung (1964) had an enthusiasm for the positive part of religion and the essence of spirituality in human experience. Further, other theorists, for example, Rogers (1951) used a belief in the Protestant religion to attain therapeutic change. McLeod (1993) took note of that Protestant speculation as being apparent in the intuitive process of client-centred therapy. As with Freud (1928) and Ellis (1980), Jung (1964) and Rogers (1951) had personal attitudes and experiences that influenced their theoretical position. This highlights the effect of one's convictions in regards to religion and their approach to this area as a therapist. This suggests counselling psychologists should be aware of their position concerning religion and spirituality and how it may impact on their clinical work.

Some researchers emphasised the similarities between psychology and religion. For instance, Breakey (2001), argued that the relationship between psychiatrists and patients was comparable to confessionals. Further, Breakey (2001) emphasised that some religious leaders provided counselling for people with emotional or behavioural problems and, in doing so, challenged the space previously occupied by psychologists and psychiatrists. In opposition, it could be argued that psychologists are now dominating the space that was, in another point in history, more the domain of the clergy. As overlap can occur in the work of both psychologists and ministers, dialogue and comprehension between the two have been perceived as to a great degree advantageous (Breakey, 2001). Additionally, it will not be sufficient for a debate to happen just inside religious subsets of psychology (e.g. Christian Psychology); rather,

it could be a part of a more comprehensive consideration within mainstream psychology and counselling psychology.

The research literature has revealed that, in spite of the fact that positions on this issue are varied, discourse is prevalent. Nevertheless, what remains crucial is for counselling psychologists to utilize new insights from this area to inform theory and practice. Hayes and Cowie (2005) argued that renewed interest in the importance of religion and spirituality within psychology has been due to the present consumer society, which creates existential void. This suggests that such a debate is apt.

2.4. Religion and Spirituality within the Therapeutic Setting

Religion and spirituality are vital for many people's 'worldview' and sense of self (Fowler, 1981; Bilgrave & Deluty, 1998; Pieper & Uden, 2005). This was confirmed by Worthington et al.'s (2003) research, which identified religious commitment as an important aspect in how religious people understand their world. It logically follows that for those for whom religion has a high salience, the living out of such beliefs and values from clinical practice will be of importance.

Furthermore, Worthington et al. (1996) observed that highly religious people (those scoring in the top 10-15% on measures of religious commitment) appeared to have a worldview that was highly influenced by their religious beliefs, and had a different view of counselling in comparison to those who scored lower for religious commitment. Highly religious individuals revealed that although they would not like the focus of their counselling to be religious and spiritual issues, they would prefer to have

counselling with a religious therapist. Participants in this study also revealed that therapists' self-disclosure of religious beliefs affected the therapeutic relationship positively; this was especially relevant for those who shared beliefs similar to those of the therapist.

The implications of religion and spirituality within the therapeutic setting were debated (Miller & Thoresen, 1999; Emmons, Cheung & Tehrani, 1998) as well as the importance of addressing religion and spirituality within therapy (Kelly, 1995; Miller, 1999; Shafranske, 1996; Loewenthal, 1995). Yet religion and spirituality were still considered to be overlooked in the therapeutic setting (Hathaway, Scott & Garver, 2004; Myers & Baker, 1998).

There is a strong body of research that indicates that the integration of religion and spirituality into therapy has surpassed debate. Religious and spiritual themes have been recognised in different therapeutic approaches as an important aspect for psychotherapy. For example, client-centred therapy has spiritual and experiential themes (as mentioned earlier). With regard to the Protestant aspect of client-centred therapy discussed earlier, van Kalmthout (2006) proposed that the core of client-centred therapy in its philosophy is giving meaning to life. In this case, the recognition of spirituality outweighs religious thought and practice, resulting in 'atheistic spirituality', which is consistent with humanistic values.

Furthermore, an overview of behaviour therapies by Hayes and Cowie (2005) led to the conclusion that, following the first (Behaviour Therapies) and second wave of behaviour therapies (Cognitive Behavioural Therapies), there is currently a third wave

of therapies that emphasises contextual and experiential processes. These therapies include Acceptance Commitment Therapy (ACT) and Mindfulness Based Cognitive Behavioural Therapy (MBCT), both of which have been influenced by the spiritual aspects of Zen Buddhism (Tan, 2007). This might indicate that spirituality may already have a firm place within the therapeutic setting.

Chirban (2001) pointed out that Spirituality is a more inclusive term than Religion, because it encompasses a range of beliefs such as traditional customs, to New Age religion and even martial arts. Thus, therapists who incorporate spirituality into their work may be able to reach a wider range of clients, including atheists and agnostics, given the minimal mention of a transcendent Being that is characteristic of spirituality. For this reason, there are aspects of spirituality that may seem attractive to some practitioners. Moreover, Lukoff, Lu and Turner (1998) argued that the increasing percentages of people who report supernatural experiences might be reflected in the types of issues brought to therapy. Hence, familiarity in this area may be increasingly required.

2.4.1. Religion, Spirituality and the Therapist

Psychological literature indicated that there were mixed reactions from practitioners with regard to the integration of religion and spirituality into clinical practice; some in the field viewed it as insignificant whereas others considered its value but viewed it as inappropriate to include in therapy (Gubi, 2004). According to Adams (1995), when confronted with religion and spiritual concerns in therapy, practitioners attempted to be objective or they held a pessimistic view of spiritual experiences (Prest & Keller, 1993).

This may be related to the view that therapists are representatives of a secular movement. Tantom and van Deurzen (1999) for example stated: “the role and function of psychotherapy as a new paradigm for living is closely related, we believe, to the replacement of old religious and spiritual values” (p. 231). Furthermore, research suggested that psychologists generally showed less religious commitment than the general public (Ragan, Malony, & Beit-Hallahmi, 1980).

Bergin (1991) argued that being non-committal was a position in itself that could be viewed as acquiescence or rejection of certain disclosures. Nonetheless, Bergin and Jensen (1990) observed amongst a 425 sample of mental health professionals a significant level (80%) of religious participation and personal spirituality, although only 29% considered religious matters to be important in therapy. The authors proposed the discrepancy between personal beliefs and professional practice could be due to the secular framework of professional training and practice within which respondents operated. This inconsistency meant the potential of spirituality in therapy was more likely to be undermined. This suggests that it is important for practitioners to explore their personal and professional stance on religion and spirituality in therapy. This will allow for more transparency and consistency in the field which will mean a more valid debate can take place. The objective of a practitioner is to consider all sensitive issues that are presented.

Furthermore, Bilgrave and Deluty’s (1998) study of Clinical and Counselling Psychologists for example, 82% of respondents identified with some form of religion. Additional evidence that contradicted the view of therapists as secular and confirmed their identification with religion and spiritual values was produced by Bilgrave and

Deluty, 1998; Smith and Orlinsky, 2004; Walker, Gorsuch and Tan, 2004. In most of these studies, clinical psychologists and professionals from allied fields confirmed that their religious beliefs influenced their therapeutic practice. On the contrary, Smith and Orlinsky (2004) noted low levels of formal religious affiliation in their sample of mental health professionals from New Zealand, Canada, and the USA. Nevertheless, they also found a high degree of what they named as “personal spirituality,” leading them to conclude that the image of therapists as “adamantly secular and critical of religion” is unfounded. Instead, they suggested that therapists’ attitudes towards spirituality were not black and white but were likely to be shades of grey, requiring further exploration.

It is important to note that much of the research regarding the views of clinicians has focused on clinical psychologists and psychotherapists. Thus it may prove fruitful to investigate whether counselling psychologists manage the area of religion and spirituality differently, particularly as counselling psychology has a greater emphasis on the therapeutic relationship and humanistic beliefs.

2.5. Religion and Spirituality in Training

Shafranske and Malony (1990), Shafranske (2000) and Schulte, Skinner and Claiborn (2002), found that religious and spiritual dimensions were rarely addressed in counselling training. Moreover, Bergin (1991) noted that most therapists did not include religiosity and spirituality as a feature during clinical assessment.

Other research findings suggested that practitioners' orientation towards religion and spirituality could be based on insufficient training in the area. For example, Crossley

and Slater (2005) conducted a grounded theory study of clinical psychologists' experiences of addressing spiritual beliefs in therapy. They found that the participants considered spirituality as a nebulous concept and addressing it evoked feelings of confusion in therapy. This meant that they were less likely to engage with religious and spiritual issues in therapy. The authors concluded that the findings were based on the lack of comprehensive training.

Van de Kemp (1996) observed that while most prominent psychologists examined religion, it had not been integrated into the mainstream training of psychotherapy. Several books attempted to bridge this gap with specific religious traditions for counselling and psychotherapy (Kelly; 1995; Richards & Bergin, 2000), yet there is still no comprehensive training within counselling psychology programmes. Richards, Rector and Tjeltveit (1999) highlighted the value of practitioners affirming the client's core spiritual values, exploring how to live congruently with those values and accessing spiritual resources in their lives. Bartoli (2007) has offered suggestions on how this could be done, for instance by self-awareness exercises that flag up conceptual inheritance as well as religious and spiritual histories of the psychologist. Similarly, Pargament (2007) has identified specific intrapersonal competencies of a practitioner seeking to integrate spirituality into therapy. This includes knowledge, openness and tolerance, self-awareness and authenticity.

In conclusion, despite the increase in the publication of literature on religion and spirituality in psychology, there is still an insufficiency of coherent training on the matter. It is also important to note that none of the studies above included counselling psychologists as part of their sample.

Chapter 3: Method and Methodology

3.1. Methodology

The present study employed a qualitative methodology based on the grounded theory approach to explore the experiences of religiously committed counselling professionals working with religious and non-religious clients (Bryant & Charmaz, 2007; Charmaz, 2006; Glaser & Strauss, 1967; Strauss & Corbin, 1998).

The decision to apply a qualitative framework for inquiry was influenced by a combination of philosophical, pragmatic and professional considerations (Banister, Burman, Taylor, & Tindall, 1994). This involved active engagement with the complex assumptions underlying the range of research methods available, the specific nature of the present research and the researcher's own perceptions within this context. It was hoped that creative and reflective reasoning about the above topics would inform and guide the selection of an appropriate methodology that would best enable the researcher to accomplish a systematic inquiry of the topic under investigation.

3.1.1. Ontological and Epistemological Positions

The researcher adopted a critical realist social constructionist epistemological position, which emphasises the importance of going beyond the data 'to add a further layer of interpretation – by setting what is said in a broader historical, cultural and social context' (Harper, 2012, p.92). From this position, realist ontological claims are made

about the 'pre-existing material practices' and contexts influencing discourses. Relativist epistemological claims are also made that 'we do not make direct contact with the world but, rather, our experience of it is mediated through culturally shared concepts' (Harper, 2012, p.91-92). These claims have been criticised due to perceived inconsistencies in selective realism and relativism (Woolgar & Pawluch, 1985), which are considered to problematize some phenomena but not others (Harper, 2012). To address this critique, the researcher aimed to name explicitly what is considered to be 'real' (e.g. faith) and what is considered 'socially constructed' (e.g. 'religion').

The process of choosing a qualitative research paradigm emphasised the researcher's personal ontological and epistemological positions. Ontology is defined as the study of the nature of existence and being, and is closely linked to the study of knowledge referred to as epistemology (Crotty, 1998). While considering my ontological positioning, I found that my beliefs lie within a relativist and realist ontology. A relativist perspective states that an individual's perception of reality is ultimately connected to their own experiences (Burr, 2003), while a critical realist stance assumes that there is no objective truth or knowledge of the world, but rather many possible and valid truths to account. Adopting both a critical realist and social constructionist epistemological position was considered appropriate for the research. Critical realism was selected to enable the researcher to explore implications of the integration of religious beliefs and therapeutic practice for clients. A social constructionist epistemology was selected to examine the impact of constructs, such as 'religion' and 'values', on therapeutic work.

The researcher shares the view of Oliver (2012), who has claimed that critical realism and constructivist grounded theory are highly compatible, because they share a focus on abduction, commitment to fallibilism, and the connection of practice and theory. The resulting approach is ideally suited for research in social sciences for its emphasis on evidence and meaning, individualism and social context, theory-building and the pursuit of practical emancipatory goals.

Furthermore, on reviewing the literature on theoretical perspectives, symbolic interactionism appeared to be compatible with social constructionism for exploring the research focus. Symbolic interactionism's starting point is based on the subjective meaning that individuals attach to their life experiences which arises out of their relationships with others and develops their identities (Goulding, 1999; Flick 2011). Fundamentally, the principles of symbolic interactionism and social constructionism advocate that the study of human process needs to be from a social context, believing that meanings are constructed and reproduced as people come together. From this methodological stance the constructionist version of grounded theory is able to account for the "*systems of meanings embedded within a significant social context*" (Pidgeon, 1996, p.77) and how these meanings are negotiated, and redefined as individuals interact with their social environment. Furthermore, the method of social constructionist grounded theory makes it possible not only to account for the influence of societal factors in how meanings are construed between individuals within a social context but also how these meanings are re-constructed both in the process of gathering data and in the process of analysing that data.

The researcher intends to construct what the participants view as reality by taking into account how their experiences contribute to their reality construction (Baker, West & Stern, 1992). This illustrates how symbolic interactionism goes hand in hand with the chosen social constructionist epistemological stance.

3.1.2. The selection of Grounded Theory over the Narrative Approach, Thematic Analysis and Interpretive Phenomenological Analysis

At a most fundamental level, various types of qualitative enquiry differ in what each is trying to accomplish and in the product that the qualitative researcher has at the end of the study (Creswell et al., 2007). The selection of a grounded theory approach for the present research was made following in- depth considerations given to the number of qualitative approaches available.

For example, a detailed picture of an individual's stories forms the basis of a narrative approach that seeks to understand and inform the problem under investigation (Chase, 2005). This approach was rejected in the present research because of its primary analytic focus on chronology, elements of a story and re-storying. Such an approach was not considered well suited to the broader levels of analysis that would be required to enable the representation of participants' experiences, their personal and shared meanings, as well as the generation of relevant themes and hypothetical propositions to account for these.

Thematic analysis (Boyatzis, 1988) is an approach to qualitative data that attempts to do right both to the elements of the specific research question and to the perceptions

and beliefs held by the participants. An important part of thematic analysis is the persistent effort to identify all of the items of information which appear to relate to a set of predefined research questions. These are then organised under separate thematic headings. This approach was rejected because the deductive characteristics of thematic analysis were considered overly rigid with the risk of forging data into preconceived themes. It was felt that a more supple, creative and fluid approach to the generation of categories would be particularly suitable to the exploratory nature of the study as well as more consistent with the postmodern constructivist epistemology of the research.

The interpretative nature of grounded theory is closely aligned to the basic assumptions underpinning the interpretative phenomenology approach (Smith, 1995). This method seeks to understand the experiences of participants using several individuals who have shared the same realities. It places great emphasis on the researcher's interpretation of the data and ultimately attempts to describe, as opposed to 'theorise', the narrative accounts of participants' subjective inner experiences about a particular topic or issue.

Interpretative phenomenological analysis was rejected in favour of grounded theory because it adopts a simpler analytic method with less emphasis on an overarching theory to account for the complexity that emerges from the data. It was thought that grounded theory would provide a more direct account of participants' perceptions and views of how they experience and manage their religious beliefs and their counselling practice.

Grounded theory as a concept (Glaser & Strauss, 1967) enables the exploration of how a phenomenon is managed or constructed where theoretical explanations may also be

lacking. The focus is more on hypotheses and theory generation than on theory verification, as is the case with most quantitative research (Ponterotto, 2005). Grounded theorists Glaser and Strauss (1967) used the constant comparative method of both data gathering and analysis. This proposes that data gathering and analysis are carried out simultaneously, advancing toward a theoretical concept of the subject being studied. This can then be used to direct and streamline the way in which further data collection can be approached. The theory evolves through systematic collection and analysis. Memo writing or reflexive Aide Memoires are stated as being integral to the philosophy of theory production, with literature reviews conducted post- analysis to ensure legitimate sensitivity to the data (Glaser & Strauss, 1978).

3.1.3. Counselling Psychology and Qualitative Research

As Richardson (2000) points out, verdicts about methodology may also be dependent on professional inheritance. Thus, appraisals concerning the relative suitability of one research method in favour of another might have been influenced by the researcher's experience of the particular philosophical and theoretical orientations underpinning the discipline of counselling psychology.

Counselling psychology is informed by a number of philosophical stances underlying issues of development and change, and the social and cultural context within which such human development occurs (McLeod, 2001). It is embedded in the discipline of psychology and concerns itself with applied areas of psychological work, which overlap with the provinces of psychotherapy, clinical psychology, generic psychology and psychiatry (BPS, 2003). The paradigmatic perspectives and underpinnings of

counselling psychology as well as qualitative research are multiple. In relation to the present research, adopting a design which is based on an interpretivist - constructivist paradigm was appropriate because of the aim of exploring the multiple realities and co-existent meanings attached to the particular lifestyle experienced by religiously committed counselling professionals. This is consistent with the relativist ontology of counselling psychology in which there are as many realities as there are clients (participants), and in which meanings are often co-constructed by clients (participants) and therapists (researchers), implying a transactional and subjective epistemology (Morrow, 2007).

In keeping with counselling psychology's historical focus on a non-pathologising approach and using a positive coping model, a constructivist perspective acknowledges that there are multiple ways for people to resolve problems and multiple professional roles and information systems for supporting people in distress (McLeod, 2001). The idea of multiple ways of dealing with a specific phenomenon was thought to be of particular importance to the present enquiry when considering the interface between religiously committed counselling professionals' values and therapeutic practice. Furthermore, Green et al. (2007) emphasise that grounded theory begins with an assumption that the demographic imperative will profoundly impact and transform dimensions of people's experiences, outlook on life, and interactions with others. By recruiting a heterogenic sample, the researcher hopes that the research participants' experience will be valued and embraced rather than marginalized or ignored.

Consistency is also evident in the use of pluralistic methods of enquiry, be they quantitative or qualitative, and the fact that the discipline of counselling psychology has

itself been identified as being founded on a post-modern, pluralistic and integrative philosophy (Woolfe, Dryden, & Strawbridge 2003). Given the lack of prior research or existing theories that would enable the researcher to construct pre-defined research questions about the experiences of religiously committed counselling professionals, a qualitative approach particularly suitable for theory building was chosen with the aim of facilitating more deductive, verifiable research.

3.1.4. Rationale for using Grounded Theory

Although a number of qualitative research methods use similar data collection techniques, interviewing strategies and analytical procedures, a social constructionist grounded theory method seemed most appropriate for research of this nature, as a theory was to be constructed about social processes, with particular reference to the interaction between people (Blumer, 1969).

Grounded theory is a method of conducting qualitative research that focuses on creating conceptual frameworks or theories through building inductive analysis from the data (Bryant & Charmaz, 2007; Charmaz, 2006; Strauss & Corbin, 1998). The term 'inductive' implies a specific way of thinking that begins with the study of a range of individual cases, extracting general patterns from them and then using these perceived patterns in order to form conceptual categories. Hence, the analytic categories are thought to be directly 'grounded' in the data.

Although it is a creative approach, the analytic process in grounded theory is guided by a set of systematic strategies, including constant comparison between the data and the

researcher's growing conceptualisations (Charmaz, 2006). Methods of refining and expanding a data categorisation are thought to bring the researcher towards increasing levels of abstractions. These are characterised by higher intensity of integration and coherent rationales of the relationships between significant features of the data. These procedures eventually lead to the construction of a theory, which may then be tested, modified and extended through further research activity with the aim of expanding the presented knowledge of the social world.

A distinguishing feature of grounded theory, when compared to other qualitative methods, is the idea of subsequent refinement of its findings from the original context to other settings (Charmaz, 2006). This has led some writers to suggest a close affiliation with the quantitative paradigm that has gained grounded theory acceptance from quantitative researchers who sometimes adopt it in projects that use mixed methods (Creswell, et al., 2007). This indicates that grounded theory may provide a particularly appropriate choice where there is an intention subsequently to examine and develop the data generated through further quantitative investigations.

Furthermore, a major strength of grounded theory resides in its applicability across substantive areas achieved through inductive analyses that theorise connections between local worlds and larger social structures (Charmaz, 2006). In relation to the aims of the present study, grounded theory was thought to facilitate the process of transporting an analysis of the experiences of religiously committed counselling professionals to other groups of practitioners such as, for example, those belonging to ethnic minority groups.

However, the grounded theory approach, in its original form (Glaser & Strauss, 1967), has also been accused of illustrating a range of characteristics that indicates an underlying positivist/empirical stance, which does not fit a fundamental qualitative philosophy. Charmaz (2006) points out how earlier versions of the approach emphasised grounded theory as a method of 'discovering' theory as emerging from data separate from the scientific observer. In her constructionist revision of grounded theory, with particular emphasis on the subjective character of the research process and the nature of co constructed meanings, Charmaz (2006) moves the method towards more contemporary post-modernist views of science and the nature of research. She assumes that neither data nor theories are discovered. Rather, grounded theories are constructed through our involvement with people, perspectives and research practices. Given the post-modern philosophical position of the present research, it was thought that Charmaz's (2006) revised comprehension of grounded theory would be particularly suitable for the current study.

3.1.5. Social constructionist grounded theory

According to Charmaz (2009), Grounded theory, since its development has become an 'umbrella term' representing a 'constellation' of methodologies (p.128). Differently from the early methodologies, which were based on a positivist epistemology, the approaches now operate on an epistemological continuum from naive realism to social constructionism (Bryant & Charmaz, 2007).

Social constructionist approaches aim to situate data in their historical, social, economic and political contexts (Charmaz, 2005). Actions and meanings within data are viewed

as not only reflecting, but also reproducing inequalities, power relationships and discourses (Charmaz, 2009). Researchers are encouraged to take a critical stance by attending to how uses of language within data can draw on discourses related to access to resources and power, and the consequences of social policies and practices (Charmaz, 2005). Reflexivity is valued to enable researchers to take a critical stance towards the impact of their own assumptions on the research process, particularly through taken-for-granted meanings and implicit assumptions (Charmaz, 2006). This approach considers data to be co-constructed by participants and researchers and, rather than 'discovered', analyses are thought of as 'generated' by researchers (Tweed & Charmaz, 2012). From this position, analyses are seen to be subjective and as offering one of numerous perspectives, rather than 'objective' or 'the only viewpoint' (Charmaz, 2009, p.131). Instead of causality and linear reasoning, patterns and connections are prioritised, and complexity is celebrated over the reduction of data (Charmaz, 2006). Data is construed as being 'partial, conditional, and situated in time, space, positions, action, and interactions' (Charmaz, 2009, p.141).

3.2. Method

3.2.1. Interview Design

The present research employed a qualitative methodology that would be receptive and open to its complex and controversial nature. An in-depth face-to face interview, as opposed to group discussions or computer based interviews, was chosen as the most appropriate way to generate data adaptable to qualitative analysis. Four approaches inform interviewing practice; ethnographic, 'new paradigm (action research), feminist,

and postmodernist (Burman, 1994). While these traditions have their own unique language and way of conceiving the research process and relationship, they share the ontological and epistemological assumptions underlying the use of interviews in research.

This includes the belief that people's experiences and perceptions are meaningful features of the social reality that is being studied and that listening to and interacting with people provides a relevant means of gaining knowledge. Furthermore, in all approaches, and in line with the research in question, the qualitative research interview is a place where knowledge is constructed from the direct interactions between the interviewer (researcher) and the interviewee (participant). Such statements were considered consistent with the philosophical post-modern standpoint of the present research (Suzuki, Ahluwalia, Arora, & Mattis, (2007).

There are a number of different styles available to the researcher when conducting interviews (Burman, 1994; Suzuki et al., 2007; Wengraf, 2001). These vary from highly structured approaches, which are similar to questionnaires in structuring the interviewees' responses, to unstructured free-form approaches, which do not have a pre-defined set of questions and are based on a wish to discuss a topic which is relevant to the interviewee.

Within the context of the present research, it was decided to use a semi-structured interview approach. This particular style of interviewing is located in-between the two extremes of highly structured and unstructured interviewing. In discussing an interview style that is appropriate to grounded theory, Charmaz (2006) suggests that semi-

structured interviewing fits grounded theory methods particularly well because it is essentially open ended yet directed, and emergent, yet shaped. The interviewer sketches a loose outline of participants' social worlds by defining the topics and drafting the questions. At the same time, the interview is a flexible, emergent technique; ideas and issues emerge during the interview and interviewers can immediately pursue these leads. Some grounded theorists (Glaser, 1978) strongly advocate against a researcher's prior knowledge or awareness of the research topic to be studied because of the risks of becoming overly directive or overly constrained by pre-formulated questions. However, some prior awareness of the literature and pre-formed ideas is not only logically inevitable but provides a starting point both for the data collection and the analytic process (Charmaz, 2006, Suzuki et al., 2007).

With regard to the present study, the combination of flexibility and control advocated for semi-structured interviews was particularly suitable to the challenge of striking a balance between directed conversations whilst not losing sight of the interesting emergent aspects that required further direct questioning. Furthermore, the present research was concerned with a particular set of critical issues relating to religiously committed counselling professionals' clinical practice.

A highly unstructured interview approach was rejected because it would not provide the degree of direction necessary for addressing topics pertaining to the research question. At the same time, a central aim of both grounded theory and the present study was to generate ideas and theories that are faithful to the views, meanings and experiences of individuals within their social territory (Suzuki et al., 2007). These should emerge from the data without undue pressure or direction from the researcher.

As such, the prescriptive and narrow format of a highly structured interview approach was rejected based on its standardised nature of questioning that could hinder a collaborative exploration of evolving topics, and the generation of analytic propositions grounded in religiously committed counselling professionals' own views of their clinical practice.

3.2.2. Theoretical Sampling

A defining feature of grounded theory, when compared to other qualitative methods, is the procedure by which participants are selected and recruited. Grounded theory employs a method called 'theoretical sampling'. A significant feature of theoretical sampling is that the recruitment of participants is in concurrence with the analyses of data (Charmaz, 2006). This allows the researcher to seek further information on the perspectives suggested by earlier analysis, which elaborates the emerging conceptual framework.

An important distinction within grounded theory is that of initial sampling and theoretical sampling. Initial sampling in grounded theory is “where the researcher starts, whereas theoretical sampling directs where the researcher goes” (Charmaz, 2006, p. 100). Theoretical sampling consists of collecting pertinent data to elaborate and refine categories in the emerging theory (Charmaz, 2006). During theoretical sampling theory was developed by adding probes to the interview questions with the aim of filling out the properties of the main emerging categories identified during the initial sampling. Please see appendix 2 for the original and theoretical interview guides used during initial and theoretical sampling stages.

The research sampling strategy served the purpose of grounded theorising. Sampling was purposefully homogeneous and heterogeneous. In the former instance, the shared criterion among the nine interviewees was their religious commitment. This was counterbalanced by an internal diversity afforded by the heterogeneity of sampling of differences based on identity markers of gender, profession, theoretical approach, ethnicity, age and post-qualification in years.

3.2.3. Interview Preparation

Wengraf (2001) has suggested guidelines for designing a semi-structured interview that strikes a balance between direction and creative exploration. He describes a process of preparing interviews which begins with 'initial questions' designed to answer the key issues that the study intends to explore. Wengraf (2001) suggests 3-4 initial questions that are prepared in advance but sufficiently open to encourage a comparatively lengthy response but which the interviewer holds back from. The intention of the researcher is to use each initial question to develop a series of active follow-up questions, probes, prompts, and other interventions that are improvised in a careful and theorised way on the basis of the interviewees' initial responses and what the researcher wishes to know.

The interviews conducted for the present study followed Wengraf's (2001) guidelines for semi-structured interviews. A semi-structured, qualitative interview schedule with a few broad open-ended questions was devised for this study (see appendix 2). The 4 questions below were identified as the initial ones. These were broken down into a set

of subsequent questions, probes or prompts that emphasised the possible avenues of responses implied by the key question.

- 1. What does your religion mean to you?**
- 2. Tell me about your experiences of working with clients with similar religious beliefs to yours.**
- 3. Tell me about your experiences of working with clients with religious beliefs different from yours.**
- 4. Tell me about your experiences of managing issues of difference and diversity in relation to religious beliefs, arising from client work.**

These were derived from an amalgam of related and contextual issues in the literature review and extensive discussions during research supervision on possibilities of how to structure and articulate actual interview questions. An additional standard opening question designed to ease participants into the context of interviewing and the act of reflecting upon their experience was included at the start of the interview (Suzuki et al., 2007). As pointed out by Wengraf (2001), importance was placed on ensuring that the manner of questioning promoted an open ended conversational flow.

A semi-structured guide for the interview process was prepared. This was divided into four main headings relating to the key concerns of the research: 1) The meaning of religion, 2) Experiences of working with clients with similar religious beliefs, 3) Experiences of working with clients with dissimilar religious beliefs, and 4) Managing differences related to religion. Within each section, subsequent questioning prompts and probes were included for the researcher to draw upon to facilitate the interview

process as necessary. An opening standardised question ‘What does your religion mean to you?’ was asked of every interviewee at the start, and a number of basic demographic questions were also asked of all participants in a separate “Participant Demographic Form”. Please see appendix.

3.2.4. Interview Piloting

The interview was piloted with one qualified counsellor. This process provided positive feedback on the appropriateness of the flow, content, style and length of the interview. Therefore, no major alterations were made to the interview design, and the data generated in this interview was included in the subsequent analysis.

3.2.5. Recruitment Procedures

It was essential that all participants were religiously committed so they were equipped to answer the research question, and therefore these inclusion criteria were made explicit in the advertisement and recruitment information.

The researcher aimed to recruit counselling psychologists, chartered with the British Psychological Society (BPS), as the purposive initial sample, because this research was aimed at giving counselling psychologists a voice, as it is a relatively new profession, with its pluralistic approach to therapy, humanistic ethos and scientist-practitioner model to knowledge and inquiry (Williams & Irving, 1996). The sample also included therapists accredited by United Kingdom Council for Psychotherapy (UKCP) and British Association for Counselling and Psychotherapy (BACP), due to lack of response

from counselling psychologists across the UK. Counselling psychology has drawn from a full range of theoretical models (i.e. psychodynamic, cognitive behavioural and person-centred), which also inform the practice of the allied counselling professions. Thus the recruitment of other therapists was deemed appropriate given that they were fully qualified and religiously committed.

Contact with potential participants was made in a number of ways. Two were first encountered through a poster (see appendix 3) displayed in the BPS (British Psychological Society) website. Participants responded by sending an email offering to take part in the study, and telephone contact was made with these professionals to assess suitability and to arrange mutually convenient times, dates and location for interviews. Three were encountered through a poster displayed in the BACIP (British Association for Christians in Psychology) website. Through a process of 'Snow balling' (Oppenheim, 1992), further participants were suggested by either fellow trainee counselling psychologists or the interviewees.

3.2.6. Demographics

Below is a table displaying sample characteristics; pseudonyms have been used to identify participants, and they are presented on the table according to the order they were interviewed.

Demographic Table

	1.Elena	2.Bernadette	3.Steve	4.Iram	5.Elizabeth	6.Sushuma	7.William	8.Phillip	9.Mary
Therapeutic Approach	CBT	Integrative	Integrative	Integrative	Person-Centred	Integrative	Integrative	CBT	CAT
Profession	Counselling Psychologist	Psychotherapist	Counsellor	Counsellor	Counsellor	Counsellor	Counsellor	Counselling Psychologist	Psychotherapist
Registered with	BPS	UKCP	BACP	BACP	BACP	BACP	BACP	BPS	UKCP & ACAT
Post-qualification experience in years	1-5	1-5	5-10	1-5	15-20	1-5	1-5	1-5	15-20
Gender	Female	Female	Male	Female	Female	Female	Male	Male	Female
Age range	25-35	45-55	25-35	55-65	55-65	55-65	55-65	25-35	65-75
Ethnicity	White British	White British	White British	Indian	Other White background/ Italian	Other Background/ Kenyan British	White British	Asian	White British
Sexual Orientation	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual
Mother tongue	English	English	English	Gujmati/Urdu	Portuguese	Panjabi & Urdu	English	Tami	English
Religion	Christian Charismatic Catholic	Catholic	Christian	Islam	Spiritist	Islam	Roman Catholic	Christian (Anglican)	Roman Catholic
Consider self disabled	Yes	No	No	No	No	No	No	No	No

3.2.7. Ethical considerations

This study gained ethical approval from the University of Roehampton (see appendix 1) before the researcher began the process of inviting counselling professionals to partake in interviews about how their religious values and beliefs might be connected with their therapeutic practice.

3.2.8. The researcher's subjective role in the research process

It would be right to acknowledge the role of subjectivity in the process of the interactions that occurs between the investigator and the one investigated during the course of research (Ponterotto, 2005). For example, differences between the researcher and the participants in race, gender, age, and ideologies might affect what happened during the interview. A more important phenomenon was thought to be the potential impact of the researcher's lack of religious commitment on both the character and the content of the interaction. On the other hand, the researcher's lack of religious commitment might have led participants to feel inadequate or intimidated. For this reason, the researcher chose not to reveal this to participants, unless requested. Thus, attunement to how participants perceived the researcher and reflection upon what both partners could be seen to bring to the interview was thought to be a crucial consideration for the current research (Charmaz, 2006).

3.2.9. Informed consent

At the beginning of each interview, informed consent (see appendix 4) was gained from each participant. As suggested by Banister et al., (1994), it is only when prospective participants were fully informed in advance that they were in a position to give informed consent. The researcher adopted an open and honest interaction including details of the purpose of the research, what was involved, how it was to be conducted, the time it was likely to take, and what would happen with the material collected. The researcher explained that the present study sought to explore the experiences of religiously committed counselling professionals working with religious and non-religious clients. An in-depth explanation of the full nature of the present study was provided at the end of the interview. Participants were advised that the raw material collected would be kept away from the public at all times in a secure location that could be accessed only by the researcher, her supervisor and the examiner(s). It was explained that the audio recordings would be erased after successful examination, but that the anonymised transcripts would be kept for at least five years as a resource for any finer data required in publication process.

3.2.10. Confidentiality

It was explained that all possible measures would be taken to ensure confidentiality, and if necessary items of the completed transcript would be altered or omitted if it was judged to lead to any parties being identifiable. The participants were also told they could withdraw from the study at any time, after which the consent form that had been

prepared in line with Banister et al's., (1994) recommendations was signed by each interviewee.

3.2.11. Debriefing

Towards the end of the interview, each participant was invited to raise any issues or thoughts about the research questions, or the experience of the interview process. This was followed by a debrief that included discussions surrounding participants' state of mind immediately after the interview, the researcher's contact details for further queries, and an elaborated version of the full nature of the research.

Although the presentations and verbal feedback indicated that all participants left the interview setting in a positive frame of mind, information for seeking further support in the event of any later upsets or difficulties associated with the participation in the research process was provided (see appendix 5). This included contact details of the Samaritans, and the BACP and BPS websites.

3.2.12. Interview Procedure

The interview with the counselling professionals took place in one of three premises depending on participants' preference and availability. Five of the interviews were conducted in the participant's own home. This was deemed a mutually convenient location given that these professionals all worked from home, and in and around the London area. Two of the participants lived away from London. One of these participants had to come to London for a conference and agreed to meet me in a coffee

shop. The other three interviews were conducted at the participants' workplace. These were a GP surgery and a room attached to churches. These were quiet places and confidentiality was ensured. The interviews lasted between 40-90 minutes, and each was audio-taped using an Olympus VN-5500PC digital voice recorder. Each interview began with a brief introduction to the nature and aims of the investigation before inviting participants to consider the opening question: "What does your religion mean to you?" During the interview, the researcher adopted a range of skills learnt during her training as a counselling psychologist. This included attentive listening, paraphrasing and seeking gentle clarification via frequent summaries as well as taking care to promote sensitivity towards disclosure of any potential emotive topics discussed. These skills helped to promote a positive collaboration with participants, thereby facilitating deeper and fuller explorations of interviewees' views and meanings (McLeod, 2003).

3.3. Data analysis procedure

The following section details methods employed to analyse data, including initial coding, focused coding, memo-writing, raising codes to categories, and the literature review.

3.3.1. Coding

Data analysis commenced with initial coding, following transcription of the first interview. The researcher used Gerunds to summarise what was considered to be happening in each data fragment. Initial codes were recorded in the right hand margin

of the transcripts (see example Matrix table on Analysis Chapter). Participants' own words were used when possible. In the second stage of data analysis, focused coding was completed through constant comparisons to decide which initial codes were most prevalent or important, and which contributed most to the analysis.

3.3.2. Analytic memo-writing and constant comparative method

Memo-writing was part of every stage of the analysis process. These memos contained the researcher's impressions about the participants' experiences, and the researcher's reactions. They enabled the researcher systematically to question her pre-existing ideas in relation to what had been said by participants. Following each interview, memos were collected and compared to develop the grounded theory of participants' accounts of the influence of their religious commitment on their counselling practice.

3.3.3. Raising categories to theoretical concepts

As the analysis progressed, focused codes were sorted into categories and sub-categories, showing the relationships between concepts. Further memo-writing was conducted to elucidate the relationships between codes and concepts. 'Free-writing' was used to produce memos aimed at raising selected codes to tentative analytic categories and constructing theoretical understandings of the data (Charmaz, 2006). Visual 'clustering' was used to generate the theory that explains the relationships within and between categories.

Adopting a critical realist social constructionist epistemology had implications to the way the interviews were coded and analysed, and further memo-writing was crucial in keeping the researcher faithful to the chosen epistemological position. First, in relation to the critical realist position, the research aimed to illuminate the experiences of religiously committed counselling professionals' reality of working with clients with similar and dissimilar religious beliefs to theirs, as well as the impact of their religious commitment on participants' accounts of their experiences. Secondly, with regard to the social constructionist position, the study intended to reveal taken-for-granted meanings and to examine the impact on participants and their therapeutic work. For example, social constructs of what it means to be a religious individual, as well as participants' definition of religion and its importance.

3.3.4. Reviewing the literature

In the present study, delaying the literature review was constrained by requirements to submit a brief literature review to the Ethics Committee. Thus the researcher was not able to follow Charmaz's (2006, p.166) recommendation to let the literature 'lie fallow' until later stages of the research, to avoid imposing pre-existing theories on the data. However, critics argue that it is not possible for researchers to keep their awareness of pre-existing theories out of the analysis process (Heath & Cowley, 2004; Robson, 2002).

3.4. Validity & Reliability

"Criteria for evaluating research depend on who forms them and what purposes he or she invokes" (Charmaz, 2006, p 182). Qualitative researchers recognise a complex and dynamic world. It involves the researcher's active engagement with participants and acknowledging that understanding is constructed and that multiple realities exist. The desirability of qualitative research requires similar emphasis in the development for assessing its quality (Mays & Pope, 2000). Keegan (2006) concluded that there is a further need to develop a more comprehensive understanding of the general criteria required to evaluate the value of a qualitative research. This is thought to be of specific importance when considering the risk of default verdicts arising from the use of quantitative principles (with its distinct model of science, the person, and the world) to judge qualitative research (Banister et al., 1994).

It is considered that within qualitative research it does not make sense to subject the methodology and data to the same validity and reliability criteria for quantitative research (Smith, 2001; Silverman, 2005). The search for both reliability and validity in quantitative research rests on the assumption that it is possible to replicate good research. The essential notion here is consistency, the extent to which the measurement device or test yields the same approximate results when used repeatedly under similar conditions. In contrast, qualitative research acknowledges that a replication of the research will yield different results because of the different researcher, participants and meanings of the research tool over time. As such, replication in qualitative research has more to do with reinterpreting the findings from a different standpoint or exploring the same issues in different contexts rather than expecting or desiring consistent accounts (Silverman, 2005).

Yardley (2000) has proposed a set of useful characteristics that can be applied to ensure that qualitative research has a set of standards to adhere to that are meaningful and different from quantitative research. She suggested the following labels: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

Although it is recognised that there are many different ways to evaluate qualitative research (Keegan, 2006; Mays & Pope, 2000; Silverman, 2005; Smith, 2001), Yardley's (2000), concepts can be thought of as general guidelines for evaluating a broad range of qualitative research. Given that the present study utilised a grounded theory approach, Yardley's (2000) recommendations will be related to the particular expectations for grounded theory studies to demonstrate how the current research can be seen to have adequate quality.

3.4.1. Sensitivity to context

A researcher's sensitivity to the context of the study is about thoughtfully balancing their attitude to existing theory, literature, and the data that is gained. A researcher, through professional and personal experiences as well as critically reviewing relevant literature, can come to the research situations with various degrees of knowledge, expectations and assumptions about a particular field. Although some awareness of the relevant literature and previous related empirical work is essential for the planning and implementation stage of the research, implicit understandings may colour the researcher's perception and interpretation of the material collected (Charmaz, 2006).

For example, the present researcher's experience of counselling psychology training in relation to cultural diversity, and the role of religious values in her own life allowed her to move into the situation and gain insight more quickly than someone who has never studied the discipline of counselling. On the other hand, the particular knowledge gained from prior insight into the profession, and her religious stand could equally well influence her ability to perceive significant issues that have become routine or 'obvious'.

In grounded theory, this is known as theoretical sensitivity, which refers to the researcher's ability to keep a balance between 'that which is created by the researcher and the real' (Strauss & Corbin, 1998). In the present study, a number of strategies were used to enhance theoretical sensitivity. The researcher followed the research procedures advocated by grounded theory, which in turn was thought to ensure that the proposed findings emerged from the participants' accounts as opposed to a mere reflection of the researcher's own pre-conceptions about the field. This involved 'opening up the data' by using persistent questioning (what, where, how, why, and whom), advocating constant comparisons both within data and between differing sets of data, theoretical sampling to facilitate further and deeper understandings of the emergent themes, and detailed memo-writings to keep a systematic account of the researcher's growing reflexive analyses of both the research process and the data. The use of memos 'was perceived as a particular useful way of establishing a bridge between creative 'personal' imaginations and scientific theorising of an emergent phenomenon. For example, the exploration of the various possible meanings attached to a participant's account of 'the process of stigmatisation' was thought to centralise, rather than deny, the influence of the researcher's life experience on the research and the construction of knowledge. The

researcher chose to take a neutral position by not disclosing her own religious attitudes to participants unless asked, but is aware this might have influenced their responses to her.

3.4.2. Transparency and Coherence

Transparency and coherence are important at the presentation level and therefore require the write-up of the research to be extensive in providing details as to how the research and analysis were carried out. The transparency aspects require the researcher to be open about all aspects of the research process and thus a level of reflectivity by the researcher has been utilised throughout the present research process to ensure that all aspects of the process are explicitly documented. To ensure transparency in the coding process of identifying progressively higher level analysis, various extracts from the interviews were included in the analysis section. Moreover, systematic documentation of the various products arising from the different stages of the coding procedure was provided in the analysis section along with a number of related appendices. This was thought to enable readers to develop an appreciation of how the researcher's interpretation of the outcome was ultimately grounded in the data (Charmaz, 2006).

With regard to the coherence of the study, it was felt that the research question was answered by the methodology that was employed. The justifications of the researcher's choice of grounded theory were based on the degrees to which this particular form of enquiry was seen to match the specific nature of the research question: What if any are the possible difficulties faced by religiously committed counselling professionals

working with religious and non-religious clients? The coherence of the suitability between this methodology and the specific enquiry is believed to be adequately illustrated in this methodology section.

3.4.3. Impact and importance

The requirement for the research to have an impact and be important is considered to be of primary significance for judging the quality of the research. This research can be considered important because it proposes new outlooks in an area where there is generally a lack of understanding, appreciation and theoretical knowledge. It is suggested that this research can have an impact in the field as the results can add to, extend, or modify existing thinking. The specific impact of the particular findings is considered more fully within the discussion section.

Chapter 4: Analysis and Initial Discussion

This chapter illustrates how the social constructionist grounded theory method (Charmaz, 2006) has been used to create a theory about how religiously committed practitioners are shielding their religious identity from the outside. Following the initial, focused and theoretical coding methods, four main categories and their sub-categories were constructed. These categories were then organised to create a theoretical model, which from a social constructionist and symbolic interactionist perspective brought the findings together into a meaningful construction. The final grounded theory was *Managing and Constructing Religious Identity*. This encapsulated the findings as it gave an understanding of the intersubjective, social

constructivist and critical realist aspect of identity construction both within and outside the counselling space.

4.1. Example Matrix

The examples of the coding process that show the different levels of abstraction from the raw data are given below. These illustrate how the categories were drawn from the raw data. In the far right column, excerpts from the raw interview text are given. The initial codes arrived by the researcher from this text are shown in the next column to the left. The larger focused codes, which incorporated two or more of the initial codes, are shown in the next column to the left. These were collapsed into categories in order to condense the data for the formation of a theoretical concept (demonstrated in the far left column). Overall, these demonstrate that the researcher's interpretations and abstractions are grounded in the data (Charmaz, 2006).

Example Matrix Table

4.4.4. Religion as being part of a community	Thinking that being religious means being part of a community.	Religion as providing sense of belonging to something important.	<i>"I think it means that I'm <u>part of a community</u>. I think community is really important."</i>
4.5.2. It doesn't feel acceptable to talk about religion	Feeling her religion is not accepted by her supervisor. Hiding religious beliefs from supervisor.	Hiding religious self from supervisor due to fear of being negatively judged. Lack of authenticity; impact of supervisory relationship.	<i>"I said, well, I do leave part of myself at the door because it doesn't feel acceptable to bring it in so I can't be myself in the room."</i>
4.6.1. Giving Some Comfort	Using disclosure to reassure clients about 'right' or 'wrong'.	Reinforcing client's religious beliefs by disclosure of personal	<i>"So in a way it was almost like giving her the connection that I</i>

	Providing clients with connections.	experiences and beliefs.	<i>know, I believe that you're right because I feel the same, I know things like that happen."</i>
4.7.1. Bringing Wholeness and Healing	Comparing religion to psychotherapy. Thinking both religion and psychotherapy are about bringing wholeness and healing to people.	Seeing psychotherapy through religious lenses. Conceptualising what a therapist's role is.	<i>"I believe that faith is about bringing wholeness and healing to people and I think psychotherapy is about that and I see that."</i>

4.2. Overview

The researcher found that the impact of a psychological professional's religious commitment on their clinical work was broad and complex; a total of four categories were found. The impact of religious commitment was described by three of the categories found, and the one remaining category, referred to the way participants conceptualise religion and its meaning in their lives.

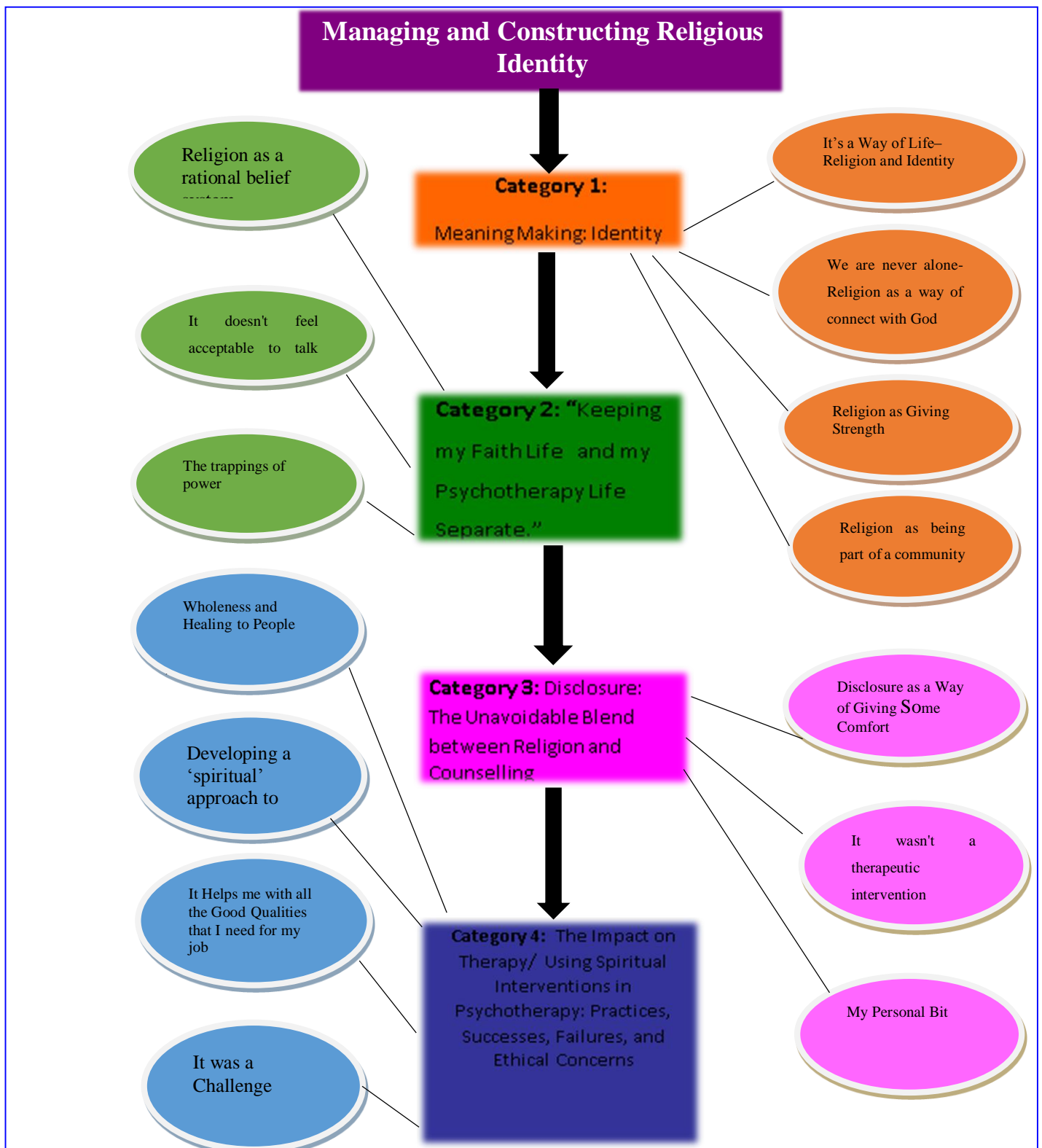
Category 1 focuses on the intimate and social meanings of religion and how these are negotiated. Categories 2 and 3 relate to the more abstract interpretations of how participants deal with their anxieties in relation to their religious identity, which is described in Category 1. Categories 2 and 3 move between separation of self as religious and self as therapist and this process of self as constantly negotiating these identities is particularly challenging in the context of openness and genuineness. Category 4 focuses on the impact of participants' religious commitment on their counselling work: the inter-dependent relationships between anxieties and protective

responses which, taken together, were seen to comprise the reality of experience for participants.

4.3. Diagrammatic Representation of the Grounded Theory

A diagrammatic representation below of the findings, illustrates the four categories and sub-categories, which constitute the grounded theory.

Diagrammatic Representation of Managing and Constructing Religious Identity



4.4. Category 1: Meaning Making: Identity within the Context of Religion

I asked participants to describe what the term ‘religion’ meant for them: “*So to open the interview with I'd like to know what religion means to you?*” It was thought that their definitions of ‘religion’ were essential in understanding how the religious aspects of their identity influence a myriad of intertwined personal and professional aspects. For instance, participants provided examples of how their religious beliefs influence their choice of intervention, language, counselling room decoration and even the amount they charge clients. Participants provided accounts for how their religious identities were put together, performed, and contextually defined; how identity emerged as an individual deeply committed to their religious values and practices, and how this shaped their understanding of ‘self’ as they internalised meanings about their religion, and about how they should perform their role as a member of a religious community and as a therapist.

The data revealed that the participants’ definition of their religion and the meaning they give to it can be complex and varied. This process gave rise to 4 sub-categories: 1) “It’s a Way of Life” – Religion and identity, 2) We are never alone - Religion as a way to connect with God, 3) Religion as Inner Power, and 4) Religion as being part of a community. I shall provide quotes to illustrate each of the sub-categories.

Meaning making often takes the form of stories or narratives that one tells others to convey certain values and principles that one considers important and relevant (Bruner, 1990; Sarbin, 1986). For instance, I noticed that in the process of defining religion, it was important for some participants to tell me their narrative, and share with me how religion had helped them cope with stressful situations:

“So for me that was like, oh my God, I never knew this before. I don't have to work, I can choose to work or to stay at home. So it gave me that inner power and I started speaking to my husband. Then he stopped me going to the mosque because they are spoiling you from the mosque and I said, no, it's giving me -- ²it's not the mosque, I said, it's the Koran that's giving me strength.” **Sushuma**

“I thought, oh my God, all the questions that I ever asked are all here: who am I, what am I doing here, why did I come here, why this, that and the other? I found the answers, it was like coming home.” **Elizabeth**

Working with religious and non-religious clients in the context of a religious identity created challenges. The ways these challenges were managed were conceptualised as entailing a balancing process of managing their protective strategies of hiding or disclosing their religions to clients, and the impact on their therapeutic practice. This process will be further discussed in categories 2, 3 and 4.

4.4.1. “It’s a Way of Life” – Religion and Identity

Alport and Ross (1967) and Pargament (1997) claimed that there are two main religious orientations: intrinsic (i.e. looking to religion for spiritual development, guidance, and

² Please note meaning for typographic devices used within participants’ extracts:

- a. ... used for text removed at the beginning, middle and end of an extract
- b. (...) used for text removed after a full stop
- c. - - used to indicate a pause in the participant’s speech
- d. xxx removed identifiable information
- e. bolded text used to emphasise the choice the language used by participants to describe experience

meaning) and extrinsic (i.e. drawing on religion primarily for personal or social benefits); an intrinsic or internalised orientation may be linked to traditional understanding of religion as a system of beliefs that guides individual daily decision making or gives meaning to the world (Park, 2005). It is simply a religious ‘guide’ that helps people to understand the world through a system of beliefs and/or rules. By contrast, it has been suggested that an extrinsic orientation may be self-serving within some religious traditions (e.g. Protestantism; Alport & Ross, 1967; Smith et.al. 2003), yet emphasizes ritual traditions with others (e.g. Judaism; Cohen & Hill, 2007). Although often treated as a single dimension, it might be appropriate to divide an extrinsic religious orientation into personal and social elements (Gorsuch & McPherson, 1989), the former motivated by the desire for comfort and protection (Maltby & Day, 2003), and the latter serving a social function similar to that of group identity (Genia & Shaw, 1991).

For some of the participants the intrinsic and the extrinsic orientation could not be separated. In fact, it shaped their overall approach to life, as though all parts of life were infused with ‘worship’ and religion. This was illustrated by William, who is a Catholic priest. The ritualistic aspects of religion as well as the fellowship elements of it are an essential part of how his religious identity is reinforced.

*“Well, as a Catholic priest I suppose it means that I'm now committed to a certain lifestyle and a **certain way of life**. Worship plays a very important role in my life because I have to conduct a religious service every day and at the weekend I have to do several, and then obviously things like baptisms and marriages and funerals or*

similar events I have to take part in. So that's a way of life and that's a part of a whole range of activities we have to get involved in'.

Steve also demonstrated the potency of his religious identity and how it has become a way of life, it is his 'personal journey, affecting the way he lives everyday life.

“ I think on a personal level it means something that I'm involved in, something that unfolds around me, it's part of my journey, I guess. So it means a huge amount to me. It's something that colours my relationships and the way I see things and I guess the word is broad.”

Although he placed more emphasis on the way religion guides him, religion for him seems to be as much about doing as it is about believing, feeling, or thinking. Steve's definition of religion resonates with Emmons and Paloutzian (2003), who thought of religion as a meaning system for people, by which they interpret their experience and their existence.

In this sense, religion provides people with answers about the meaning of their lives and the meaning of the life around them. Religion may contribute to people's beliefs about themselves and the world, the relation between the two, and motivational beliefs centred on how to act in the future in order to obtain goals (Silberman, 2005). As such, religion can have both positive and negative effects on one's behaviour, goals, emotions, and beliefs (Pargament, 2002). In this capacity, religion may provide people with answers about who they are, how the world works, and what life is really all about (e.g. Jonas & Fischer, 2006).

Steve continued to elaborate on his definition of religion:

“I guess it means at an abstract level for me something to do with how human beings make meaning of the world and how they seek to understand their place, the relationships, they're in, and I guess their relationships to the world around them.”

Mary summarized in one word, “everything”, what religion signifies to her:

“Well, my religious beliefs mean everything to me really. I'm a very committed Catholic. I was a committed Anglican before and I became a Catholic in my mid 20s and they are very, very central, fundamental. Yes, mean everything to me.”

These accounts, demonstrate the way religious experience begins to be centred in everyday life as a central, if not primary, aspect of their identity. As the quotes indicate, religion is not ‘out there’ but a “way of life” and seemingly inscribed into and onto the way everyday conduct is constituted. From a critical realist point of view, these realities are thought to exist, to be material, and have tangible effects on the surrounding world of the participants. It is reminiscent of Oliveira’s (2006) statement about the double aspect of religiosity. First, when it is expressed as externality, through devotional practices, rites, enforcing precepts, celebrations and doctrines; second, when it is experienced internally through the belief in the invisible, and in transcendent forces.

4.4.2. We are never alone - Religion as a Way to Connect with God

Almost from the very start of the analysis, some of the codes generated were very surprising in their content, and seemed to refer less to psychological processes or social structures than to something altogether more mysterious – the relationship with God. It became clear that for some participants religion was more about relating to a powerful entity (God), who was unquestionably a significant relationship that marked their life. This brought my attention to the socially constructed concepts of obedience and rightfulness, and the inner parallel described by Rambo (1993), who claimed that religious commitment is arrived at through surrender to a higher entity, a desire for acceptance, a struggle against surrender itself, and the sustaining of the surrender. Bearing in mind Foucault (1980), who located the concept of obedience in the connections between obedience and confession within early Christianity, I began to consider the possible consequences of this obedience on the participants' therapeutic work and this will be further discussed in the final chapter.

Bernadette provided a clear example of this when she reflected on the foundation of her faith:

“It’s not just going through a certain amount of patterns or rituals or doing things that I’m told to, but it’s actually relating to God, relating to the community that I’m part of.”

Undoubtedly, as the wife of a Catholic priest, Bernadette's relationship with God seemed to be as important as the relationship to the community.

Bernadette continued:

“It means to me so many things. I think it means to me a relationship. I think the more I think about things like the trinity the more I’m just amazed but how wonderful that image is of how we relate to God, and how God in his three persons relate to one another. I suppose for me that both affects how I feel about my psychotherapy because I feel my psychotherapy is about a relationship. I do believe that God is in the relationship that we create regardless of whether we talk in religious language or we use religious terminology.”

She described an aspect of religion that is specifically Christian, and how it influences the way she feels about her work as a psychological professional; she interpreted her relationships within a religious framework that appears to instil an adaptive function of facilitating understanding and sense making. This reminds me of Park and Folkman (1997), who suggested that religion provides a framework of global meanings that provide an explanation of events and an understanding of experiences. Her narrative also brings up the concept of surveillance when she says: “**God is in the relationship we create**”. This seems to imply that God is watching the way we relate to each other, and if that is the case, the influence of this deeply held belief must be examined and understood, because of its possible impact on participants’ therapeutic work.

Iram, a Muslim counsellor, also spoke about the ritualistic aspect of religion as a way to connect with God:

*“The ways which you perform your **rituals** and then **you connect to God** through that but then again there are other ways too, it's not only Islam through which you can connect to God. So when I work with clients my aim is to work with their soul as well as mind and body.”*

Iram was clear on expressing her dependency on God, and the profound implications on her work. Gillespie (1988) pointed out that the impact of religiosity can only be appreciated once a person's daily reliance on a relationship with a higher power has been considered. Iram's narrative resembles the holistic anthropological point made by Tan (1996), who saw the spiritual dimension of *being* as always present in human experience, and thus, in the therapeutic context, be it explicit (i.e., 'God talk'), or implicit, regardless of the religious self-definition of the individual. She appears to believe that spirituality is intrinsic to being human, and because it reflects the imprint of a higher being, it has contours that transcend cultural experience. For Bernadette and Iram, religion informs human beings that they are never alone, and the structure and communion of religious life provide a consistent sense of belonging. From a critical realist position, these individual realities of 'never being alone' go further than words can describe, and are particularly interesting if we consider that counselling professionals often work with individuals who feel very alone in their lives, and it opens some questioning about how participants conceptualise the role of this constant and powerful presence in their lives. Crook and Alexander (2008) became convinced that the Christian faith is about the relationship with God, not about following a particular doctrine. "Knowing me better than I know myself", God is the only witness to some aspects of my life. It is possible to say that, for a religious person, God is the paramount member of the 'club of life', and their relational identity of the co-created primarily in

this relationship. Crook and Alexander (2008) wrote that it is impossible to conceive of a person as the ‘primary author of one’s life story’. They argue that the person’s story is always co-authored in the relationship with God and is never authored solely by the person herself. This may imply that for a religious practitioner therapy is always tripartite. Three parties are always present in some way: the person in the centre, the counsellor, and the ‘supportive third’, no matter what form the latter may take. Together with the concept of obedience, this tripartite will be further discussed in the final chapter.

4.4.3. Religion as a Giving Strength

For some participants it was important to provide an account about the transformative role religion had played in their lives as a way to illustrate its powerful meaning.

When I asked Elizabeth what religion meant to her she replied:

“It’s everything to me because -- Can I talk a little bit about myself?”

Elizabeth began to explain that her journey towards becoming a religiously committed person was enduring. She explained that she had grown up a Catholic, and that during her youth she started to question the inequalities in the world, and became in her own words “intellectual” and “anti-religion”. She explained that religion had no importance to her until she discovered Spiritualism, which could provide answers to her existential queries. She relates that her interest in reincarnation is what led her to find “The Spirits’

Book”, which is part of the Spiritist Codification and is regarded as one of the five fundamental works of Spiritism.

She added:

*“So when I got hold of the spirits book which I always had around me actually because I had uncles who had it and were Spiritualists. I thought, oh my God, all the questions that I ever asked are all here: who am I, what am I doing here, why did I come here, why this, that and the other? **I found the answers, it was like coming home.** (...) So it became a very, very strong part of what I believe so I don't think I could, even if I didn't be as active as I am in the movement here, **I will never leave spiritualism**”.*

The two sentences in bold emphasise the importance of religion in Elizabeth’s life, and how it provides her with an understanding of the world. Elizabeth talked about religion as providing her place in the world -“coming home”.

Similarly to Elizabeth, Sushuma also wanted to tell me what led her to become a strongly religious individual, as way to illustrate the depth of her commitment.

She told me that she had a “long journey” with the word ‘religion’. She mentioned she was born Muslim, but went to a Catholic school. She said she questions the “differences” between Moslems and Christians. She relates that after moving to the UK she became depressed and that religion enabled her to feel less alone, to overcome her difficulties. Equally to Elizabeth, Sushuma spoke about how religious scriptures provided her with answers. There is also clearly an element of recognition or ‘automatic attraction’ that is also strongly marked in Sushuma’s narrative:

*“So it gave me that inner power and I started speaking to my husband. Then he stopped me going to the mosque because they are spoiling you from the mosque and I said, no, it's giving me --it's not the mosque, **I said, it's the Koran that's giving me strength.**”*

Elizabeth and Sushuma's narrative are a reminder of Frankl's (1946) *Man's Search for Meaning*, where he describes his experience in a Nazi concentration camp. According to Frankl, survival, life itself, even in the most horrifying circumstances, depends as much on maintaining purpose as it does on having food and water. Frankl's experience allowed him to see that we need a sense of purpose to exist, a reason to keep eating and drinking. If we don't have this sense, we attempt to find it, and a failed pursuit leads us to despair, or even to die.

Elizabeth and Sushuma, have in common the fact that they both found religion following a period of emotional distress and existential search, and the impact that religion has made on them is far-reaching. Their sense of recognition or attraction to the philosophy and the wider community found provides us with an understanding of how strongly their religious identity is developing. They have found a way of settling personal matters, and religion provides them with security and direction. Elizabeth and Sushuma's sense of connection to a community, to a God is suggesting they will always have something to rely upon, to stay close to in times of difficulty.

Phillip also defined religion in abstract terms, and his definition also alluded to a powerful source of energy:

*“I would rather use the word faith. I think my faith is very important to me. It's something that **guides me**, it's something that **gives me inspiration**, something that is **very important**.”*

The “Giving Me Strength” sub-category was critical in understanding how for some participants religion has a philosophical meaning. For these participants, religion is a significant force that is directly related with the way they conduct themselves in life.

4.4.4. Religion as Being Part of a Community

William, who is a Catholic priest, emphasised the common identity shared amongst a group of religious people. The ritualistic aspect of religion is experienced not only as part of his personal life, but also his professional life. It follows that religion offers a sense of knowing one's place with regard to others (one's duties, obligations, and goals) on a broad and sometimes universal scale, which he then carries beyond the ritual and into his daily life. It seems that his shared feeling of community fuels his actions in the world at large. To me, somehow he resembles Elizabeth in the sense that he also found a place in the world.

*“My religious convictions permeate all parts of my life really. Things like prayer play an important part and I suppose religious readings, spirituality and also I'm part of a big, **international network**. So you have a sense -- With the Catholic Church you have a strong sense of **belonging to people all over the world with the same outlook as you**. A sense of **belonging to something global** I suppose that's a particular feature of*

Catholicism which you may or may not get in other religions, I don't know, to the same extent.”

Bernadette also spoke about being part of a community as an important part of her religious identity:

*“I think it means that I'm **part of a community**, I think community's really important. I think it's a **structure**. I think it's also just that giving me a **sense of meaning in life**.”*

As pointed out by King and Boyatzis (2004), it becomes apparent that similarly to other forms of identity formation, such as ethnic and cultural identity, the religious context can generally provide a perspective from which to view the world, opportunities to socialize with a spectrum of individuals from different generations, and a set of basic socially constructed principles to live out. Furthermore, William seems to express a need for sameness and like-mindedness when he says “belonging to people all over the world with the same outlook”. This is consistent with the argument of Witter, Stock and Haring (1985) that church setting allows for social interactions between people with similar beliefs and values. It seems that the fellowship makes these participants feel that they are not alone and validates their faith and religious identity.

Through this category I show, from a social constructivist angle, the strength of participants’ religious identity, anchored in a system of guiding beliefs and symbols that serves a uniquely powerful interpersonal and societal function in shaping their idea of ‘self’ as a social and personal project. Ysseldyk et.al. (2010) pointed out that religious identification offers a distinctive “sacred” worldview and “eternal” group

membership, unmatched by identification with other groups. Furthermore, Durkheim (1947) stressed that religion reinforces social unity and stability in at least two ways. First, it gives people a common set of beliefs and thus is an important agent of socialization. Second, the practice of religion, as in the attendance of religious rituals, brings people together physically, increases their communication and social interaction, and thus strengthens their social bonds. Thus, religious commitment might be explained, at least partially, by the marked cognitive and emotional value that religious group membership offers. The distinctiveness of a positive social group, grounded in a belief system that offers epistemological and ontological certainty, lends religious practitioners a twofold advantage for the practice of counselling. However, that uniqueness may equally generate some difficulties in the therapeutic counselling which will be discussed in categories 3 and 4.

In the next two categories I will refer to the two main protective responses identified in the data as ways of shielding the religious aspect of their identity from the outside.

It was identified that some participants experience some difficulties in their professional development and clinical practice that are perceived as directly linked to their strong religious commitment.

4.5. Category 2- Keeping my faith life and my psychotherapy life separate

Category 2 incorporated 3 sub-categories: 1) Religion as a rational belief system; 2) It doesn't feel acceptable to talk about religion and 3) The trappings of power.

It became clear that for some participants the best way to deal with the perceived ‘threat’ to their religious identity was by trying to maintain a stance of neutrality or non-partisanship toward religion through the withholding of their religious self from colleagues in training and supervision. This may lead to unconscious practices that discriminate against religion, both by the omission of religious considerations from psychology’s mainstream, and by the discrediting of religion as a powerful source of meaning and explanatory framework for some individuals. It was also noticed that the prejudice experienced by the participants is covert and so institutionalized that it often goes unnoticed by the members of the dominant group.

4.5.1. Religion as a Rational Belief System

This sub-category originated from the participants’ narratives of their experience of ‘subtle prejudice’ and discusses the process by which the religiously committed practitioner is stigmatized within current society. The participants’ accounts seem to be in line with the negative values toward religion that are primarily the result of Western society’s prejudice against religious individuals, which is similar to racism and sexism; thus, religious individuals become members of a minority group that is subject to societal acts ranging from mild discrimination to scapegoating (Dein, 2010). Notions of “prejudice” are often discussed in research and philosophy within both sociology and social psychology. There is debate regarding any coherent theory or definition, and from a postmodernist perspective, even if there were one, one must be questioning it (Brown, 1995). Arguably here, notions of “prejudice” can be something within us all that is a negative or an uncomfortable response to “difference” (Brown, 1995). More true to social constructionist ideologies is the notion that “prejudice” is “pre-judging”

with a negative pre conception about a group or person (Potter & Wetherell, 1987). Subsequently, examining our own notions of “prejudice “and their constructions at a micro level of consulting rooms and our contribution to the prejudices at a macro, societal level is pivotal for practitioners. This thesis does not aim to focus on such notions of power and prejudice but should they emerge in the constructions of notions of “difference”, they will be discussed further.

Furthermore, Fitzgerald (1994) argued that the west has categorized itself as secular, rational, and progressive and uses the concept of “religious” as superstitious and backwards.

Elena gave an example of how this subtle form of prejudice has impacted on her supervisory relationship:

*“I find it really useful to be able to take things to supervision but I haven't been working with my current supervisor for very long so there's a kind of **testing out the water**, just like there is between me and my clients as to what's allowed. She's very, very committed to a **cognitive behaviour approach** and I don't yet know whether that would go as far down the line as **religion is in rational belief systems**.”*

Elena’s description of her supervisory relationship resembles that of a person trying to prevent some sort of identity-based conflict. Kriesberg (2011) claimed that for an inter-group (e.g., racial, ethnic, or religious) conflict to occur, the opponents must have a sense of collective identity about themselves and about their adversary, each side believing the fight is between “us” and “them”. Elena is clearly in conflict between the

identity she holds about herself and the one she attributes to the other side, in this case her supervisor, who is committed to a cognitive behaviour approach. Elena has a sense that she may be ‘injured’ if she discusses aspects of her religiosity in supervision.

Likewise, Bernadette described how the Western dominant view of religion calls for protection of her identity, and how she also chose to hide the religious part of her identity from peers who referred to it as “a crutch” or as a “defence mechanism” and she added:

*“So for a lot of my time I’ve chosen to keep **my faith life and my psychotherapy life separate when clearly it need not be separate and that’s part of the struggle.** I never told anybody on my training about my faith background, I was an Anglican at the time.”*

Bernadette’s account illustrates how she also learned that religious individuals can be viewed as societal scapegoats for the prejudice of atheistic society, especially in academic culture, because religion has been viewed as value laden, bias-filled, and generally subjective in the worst sense (Slife & Reber, 2009). She also chose to hide her religious identity to prevent them, but doing this resulted in an internal “struggle”.

Bernadette reinforced the dichotomy “us” versus “them” in the intergroup bias:

*“I’ve begun to think a lot about how strongly **secularist our world is, particularly Britain, ... but I’ve heard from people who trained in psychology to say that it is very difficult to admit that you have any kind of faith unless you’re doing anthropology or something...**”*

There is a sense that the UK provides a divergent context to maintaining religious practice and faith, and that this has made participants mindful of the fact that their religiosity could be questioned. Therefore, some participants felt it necessary to hide their religiosity.

What emerged from the sub-category *Religion is a rational belief system* is a need to remain within a space, where any controversial challenging of ideas regarding the dominant counselling discourse about religion is avoided. The status-quo of communication within the training courses and supervision demonstrates what the participants experience in the outside world. This continues to reinforce the socially constructed and dominant view of how religious individuals position themselves in the world and with others.³ It may be said, from a critical realist position, that the irony being the refusal by the dominant group to recognise them as valid in the world continues to be unconsciously reinforced by them.

4.5.2. It doesn't feel acceptable to talk about religion

This sub-category originated from participants' accounts of having their religious beliefs and experiences dismissed in training, supervision and personal therapy. They were reluctant to disclose their religious/spiritual beliefs, feeling that such issues could not be discussed within a secular model. Some participants feared that if they spoke openly, they might be misunderstood or seen as mad. Some participants felt it would

³ At times, while analysing the data, it was difficult to avoid slippage from understanding it from a critical realist position, to that of a realism.

be impossible to discuss spiritual concepts with non-religious counselling professionals or that their spiritual and religious beliefs would be minimized or neglected within a secular environment.

As in Elizabeth's account, she described her experience of training during a time when discussing religious aspects felt as if it were not allowed. Furthermore, she described how the unsatisfactory response by others made her feel reluctant to talk further about her religious beliefs.

*"I mean you wouldn't talk about religion at all actually to be truthful.... it wouldn't really be part of the study, although sometimes I would bring some stuff in and things. In a way it was almost like I was **afraid** that people would think I was not very good and I was trying to enforce my religion on people or I was **soft in the head** because in a way I had a religion that is **pure enlightenment** but they wouldn't accept it."*

Elizabeth described a 'religiosity gap' between her and her fellow trainees, exemplified by the view among some mental health professionals that religious beliefs and behaviour are symptomatic of psychological disorder (Sharfranske & Gorshuch, 1984). She tested the waters by introducing her beliefs and observing their reaction, and faced a dilemma between self-censoring her beliefs and risking further pathologisation.

Elizabeth was the only participant to speak about her experiences as a client, and reported that her therapist's attitude to religion was disappointing. She reported that in her sessions, beliefs or feelings that were of spiritual nature were ignored by her therapist.

*“ I could see it in her eyes. Whenever I said anything about God or a spiritual experience or anything I could see **her eyes went**, I could sense it. It was like this vague thing.”*

Elizabeth’s account resonates with previous research that points out that some counsellors may avoid discussion of spirituality in counselling for fear of imposing personal views on client (Boyd-Franklin & Lockwood, 1999; Slife & Richards, 2001). However, avoiding religious and spiritual issues risks communicating a value-laden message to the client, as well (Boyd-Franklin & Lockwood, 1999; Miller, 1999; Zinnbauer & Pargament, 2000).

Furthermore, Elena talked about how her supervisor’s antagonistic position with regard to religion left her feeling misunderstood and reluctant to discuss the influence of her religious identity on her work:

*“I remember I had some problems as I was training with a particular supervisor and one of the issues was my religion. She was very **anti** and she just **could not understand my perspective**, not that we never discussed it much but I know that along with my disability it was part of the issue.”*

Elena’s statement referred to a dynamic of power in supervision. Holloway and Wolleat (1994) posited that an inequality of power exists in the roles of supervision, given that supervision is a hierarchical relationship in which the supervisor’s tasks include imparting expert knowledge, judging trainees’ performance and essentially

acting as a gatekeeper to the profession through their sanctioned ability to fail the supervisee via reports and stopping contact with clients. A study by Ladany, Corbett and Nutt (1996) investigating the occurrence of non-disclosures by supervisees found that the majority of supervisees withhold information from their supervisors and that when the content of the nondisclosure includes negative reactions to the supervisor, the reasons tend to be deference to the supervisor, impression management and fear of political suicide. The authors view these reasons as an extreme version of impression management that also includes a self-protective element in terms of the supervisee's professional existence (Ladany, et al., 1996). They suggested deference, suggesting that the supervisee's deferral of power and control to the supervisor (Rennie, 1994) could indicate the supervisee's heightened awareness of the power differential in the supervision relationship.

Furthermore, Elizabeth experienced hostile attitudes that were not only against religion, but seemingly against their specific religious orientation:

*"There were some people who were Church of England, they went to church, and they **didn't like anything** that was not said in their church. So if I would talk about anything at all I could see **they didn't like it** so we wouldn't talk again."*

Iram also pointed out that she experienced her peers' resistance to religious diversity:

*"Yes, I did because I had one colleague who was **anti-Islam** and she constantly used to make **comments that made me feel really, really small**... she was quite adamant*

*about the way life should be, and not that there are different people, there are **different ways of living**... So with her I felt a little bit that I was being judged."*

From a critical realist lens, in which individual realities have tangible effects on the surrounding world, this signals that there may be an undercurrent of resistance in the counselling profession for self-reflection regarding one's positioning in relation to religion and its effect on professional functioning. Also, those counsellor trainees with highly religious orientations may face significant challenges in their development of openness to a variety of viewpoints and respect for cultural diversity. It appears that the ability to commit to beliefs and values and yet remain open to others of different faith orientations results in an openness to relationship rather than a closed insularity that may lead to suspicion and alienation.

4.5.3. The trappings of power

According to De Varis (1994), from a psychological perspective, there is no comprehensive or universally accepted definition of power. Nevertheless, numerous aspects of power have been discussed in the sociological, feminist, and psychological literature. For the purpose of this research, I shall use French and Raven (1959)'s definition of power, which described power in the social context as the potential of one person, using external social factors (i.e. informational power, expert power, legitimate power, referent power, reward power, and coercive power), to get another person to do something that she/he might not have otherwise done.

This definition of power provides a useful context for understanding the power dynamics in the psychotherapeutic relationship. There are the empowering and empowered attributes of the client and the therapist. There are the societal distribution of power that influences the therapist and the client during the development of the therapeutic relationship.

This sub-category originated from the practitioners' accounts of how they negotiate stereotyping in the therapeutic room. Differently from the previous sub-categories, which referred to how professionals negotiated their religious identity within training and supervision, this sub-category refers to the reasons given by some participants to keep their religious identity out of the therapeutic room. Also, this sub-category focuses on stereotyping rather than on prejudice. Some participants described feelings of anxiety and fear that relate to stereotyping about religious individuals. I noticed that the fear rooted on the stereotyping described coloured the relational aspects of therapy and the responses they gave me during the interview. I had a strong feeling that the participants were trying to avoid the limits of stereotyping, and to protect themselves from possible emotional harm. Hinton (2000) pointed out that stereotyping ignores "the variability within a group of people" and that there is "an intolerance of ambiguity." Furthermore, Hinton (2000) emphasised that we exist as members of several social groups, and that individuals can not be reduced to being nothing but a member of one of several social groups.

When asked whether he had ever disclosed his religious beliefs to clients, William recognized the moral reference ascribed to him as a religious leader, and its potential impact on the therapeutic alliance.

*“The last time I saw her we did talk about her idea of God and things like that. ... **But I didn't actually say, look, actually I'm a priest because it might have coloured her approach and we'd had quite a number of sessions together. I didn't want her to think that perhaps I'd misled her in some way.**”*

William seems fearful of the client's reaction if she finds out he is a priest. The extract above seems to signal that for William fearsome transactions and safety are inherent to his counselling work, and often claim his focus. He elaborated on his reasons for not disclosing to clients that he is a priest:

*“There's a lot of **archetypal transference** going on between priest and people and both sides collude in this in many respects, not everyone does. A priest rather likes being a person up **in charge and up in lights** and to who people refer and all **the trappings of power**, if you like, but then a lot of people actually go along with this. They like the idea of Father, he's such a nice man and all this jazz.”*

William's narrative reminds me of Fiske (1993), who defined stereotyping as something that classifies people into groups, and that serves to control people's behaviour by describing and prescribing their behaviour. Furthermore, Fiske (1993) affirmed that stereotypes also include a power differential that determines the amount of power of one group compared to another group. Griscom (1992) affirmed that stereotyping reinforces inequality in social relationship structures. I believe William's account may be a sign that stereotyping may unconsciously affect the power distribution in the therapeutic relationship. De Varis (1994) claimed that negative

manifestations of stereotyping may obstruct the development of a healthy therapeutic relationship, and may bias the clinical judgement of the therapist.

William's inherent fear of people's reaction to his job as a priest, was further confirmed when I read his counselling leaflet, which was given to me at the end of our interview. It had a section entitled "Personal", which stated: "I was ordained as a priest in 1987". What William said he was doing in practice was clearly different from what he told me. I was made to believe that something in my behaviour triggered William to feel threatened. I can only wonder if William feared damage to his reputation. No matter the exact nature of the interplay that generated William's fear and its tandem need for safety, something must be done to help religious practitioners feel less threatened, and more authentic in their positioning. William's narrative points to how differences in the definition of power can have implications for the therapeutic process. While at Church he may be the one making moral judgments, in the therapeutic room he feels his religious identity can leave him open to judgement. This reflects a variation in the power hierarchy between William and his clients. It is also relevant that William used the psychoanalytical term "archetypal transference", and that psychoanalysis, though not a directive approach, does promote a hierarchical relationship between the patient and therapist Kanefield (1981).

William's experience reminds me of Kafka (1998), who claimed that fear in the countertransference is triggered when therapists identify threat, direct or indirect, to their body, occupation or self-esteem. Kafka (1998) emphasised that therapists may perceive the danger as being external, but that it usually arises within. Furthermore, she

explains that a frightened therapist when confronted with physical or psychological danger, becomes geared for self-protective action.

Power imbalance in relation to religious identity and stereotyping was also present in Bernadette's accounts. She told me she usually explains to clients that she rents a room, which is attached to a church, but that she also has never disclosed to clients that she is a devout Catholic:

*"I have a long-term client ... She is the daughter of a Catholic mother, a very devout Catholic mother, and she has railed against the church quite a lot. It's been really interesting because **I've taken it to supervision to say how much it's touching my own feelings. (...) But it is interesting that not so long ago she did say something about not being able to understand how anybody could be a religious person. I said to my supervisor I wonder what would happen if she ever found out about my connection.**"*

I have attempted so far to illustrate how different socially constructed concepts of power and stereotypes can impact on the power dynamic in the treatment relationship, and on how participants manage their religious identity. Bernadette's account brings our attention to countertransference as a force that has both a potential for shaping the power distribution and roles between the therapist and patient. Countertransference was defined by Reich (1951) as the effects of a therapist's unconscious needs and conflicts on his/her understanding of the patient's personality and material. Bernadette seems to recognise a need to acknowledge the countertransference in supervision, but opted for the non-disclosure of her values to the client. It is clear that Bernadette's religious background was relevant to the nature of the therapy, because the client's problem was

directly related to religious issues about which she had personal feelings. Gregory et al. (2008) suggested that when religious background is pertinent to the nature of the therapy, practitioners should consider disclosure of their views on religion and their value systems as a way to open an honest discussion about how these factors could impact the direction of therapy. Nevertheless, from a critical realist point of view, Bernadette's account can not be viewed as a direct mirroring of her experience; it is important to consider that not all structures of our lived experiences are observable.

William's and Bernadette's fears seem to be a powerful communication that they need to protect their religious identity. This seems to be in line with Kafka's (1998) argument that whenever moderate or meaning fear is present in the countertransference, it compels attention. It signals hazards that threaten the work and the well-being of both participants.

This fear was not experienced by all participants. Elena actually said that she has challenged clients' distortions with regards to their religious experience and that this not necessarily involved self-disclosure, and proved it can be done without losing face.

"Sometimes we've looked at biblical things together, particularly where people have grown up with thoughts like thinking something is as bad as doing it and actually thinking, well, is it like that, is it as simple or is it actually only when we dwell on things and we really chew them over and we get something from that process that we've entered into, something that's a problem."

4.6. Category 3- Disclosure: The Unavoidable Blend between Religion and Counselling

Therapist self-disclosure at its most basic may be defined as the revelation of personal rather than professional information about the therapist to the client (Zur,2004a) Disclosure will be used as an umbrella term which encompasses the variety of ways in which therapists make their religious beliefs known to their clients. Similarly to Baker and Wang's (2004) research findings, I also noticed that participants were cautious about disclosing their religious beliefs to colleagues, but expressed a questionable legitimacy for doing so with clients.

The different reasons given by participants for disclosing their religious beliefs to clients gave rise to the three sub-categories within this category: 1) Disclosure as a Way of Giving Some Comfort, 2) It wasn't a Therapeutic Intervention, and 3) "My Personal Bit" . It became clear that the participants develop particular strategies for protecting others, or themselves, or their relationships. They may not wish to avoid disclosing; but they may not want to handle another's response, particularly if it taps deep feelings of anger, remorse, or fear in themselves. Their strategies turn on what they disclose and how they disclose it.

4.6.1. Disclosure as a Way of Giving Some Comfort

This sub-category originated from the participants' accounts of how disclosure of their religious beliefs could be a valuable tool to contain clients' emotional distress and validate their way of thinking.

Mary explained that she has not disclosed her beliefs to all her clients, but gave an example of a specific situation in which she felt disclosure was helpful to the client.

“I do think probably if you see somebody a bit longer the boundaries can (inaudible) but you have to get back into the boundary thing.

*She was also feeling not seen, not noticed, ignored but I said, well, when I go to Mass and that’s **every day** I always pray for xxxx, the husband, when we pray for the dead, and that means obviously you’re included and **she looked so happy.**”*

Mary believes that the disclosure was helpful to her client, but struggles to strike a balance between what she believes she ought to be doing in terms of ‘boundaries’ and her need to contain her client’s suffering. This comes to show that rules do not necessarily exercise control over what a person does, and that verbal control varies from person to person and from situation to situation. Furthermore, Mary struggles to establish the suitability of the ‘rules’ in the given situation and uses the client’s reaction and the length of the therapeutic relationship to validate her intervention. As pointed out by some authors, the therapists’ values can influence the whole process from the establishment of therapeutic objectives to evaluation of the results (Bergin, 1991; Tjetvelt, 1991). It seems that at the heart of the power differential between Mary and her client may be the illusory split between the benevolent therapist and the helpless child-like client.

Similarly to Mary, Elizabeth also provided an example of an instance when she felt disclosing her religious beliefs would provide a client with some emotional containment.

*“Her mother had died but she said when she was very distressed like that she could sense her mother’s presence and she knew that her mother was watching over her, **and that gave her some comfort and things like that.** So I mean that was a subject that I could say, yes, she was there that’s **what I believe.** I believe she was there, **I agree with you,** that’s what I said...”*

The power differential in this case is not only marked by the disclosure, but also by non-disclosure, because Elizabeth does not explain to her clients she is coming at things from her religious perspective. Elizabeth is unaware that keeping her values hidden could be far closer to imposing on a client, than a therapist who has those values transparent. By knowing the therapist values up front, a client can make the choice to see or not to see a therapist before spending any money, and before investing any energy. Zur (2004a) pointed out that self-disclosure has been one of the most misinterpreted concepts in psychotherapy; the traditional psychoanalytic notions of neutrality and anonymity along with rigid risk-management advice have dominated our attitude to this issue.

Furthermore, Elizabeth justified the disclosure of her spiritual beliefs by saying it was evoked by the client- *“But she was the one who opened up and asked questions and*

wanted to know more". She seems unaware of her power to influence and declares the client fully responsible for the relationship dynamics.

Iram, who works as a counsellor for the NHS, explained to me that she was raised into Hinduism, but later in her life converted to Islam. She also seems unaware of the power differential in the therapeutic relationship and used "*relieve the distress*" as a justification for her disclosure. It is interesting how Iram, constructs the concept of neutrality; she seems to imply that the real "God" for her is Allah, and that "God" is a meaningless/neutral word. Similarly to Elizabeth, she also fails to acknowledge that religious discussions may prompt clients to ask further questions about her religious position.

Interviewer: Have you ever disclosed to your Hindu clients that you were Hindu?

"Yes. They've been fascinated but then again I don't go into that conversation so much because then it becomes about me. ... So they would accept anything that'll help them relieve the distress. I don't take God's name anyway, I don't say Allah in front of them, I just say God, just be neutral."

Iram begins the narrative trying to express some awareness that her religious interventions could shift the focus of the session onto her needs, but shows little attentiveness about the lack of its clinical appropriateness. In fact, she points out that given clients' emotional vulnerability, they can be susceptible to accepting anything as

a way to relieve their distress. Iram's narrative gives me the impression that she might be unaware that her self-disclosure may not actually be of benefit to her client.

Differently from Mary, Elizabeth and Iram, Elena, who is a CBT Counselling Psychologist working for the NHS, spoke about self-disclosure as something that requires some careful consideration on her part about the possible impact on the therapeutic relationship.

*"I would rarely actually disclose my position. I have once or twice and it's been fine. **It's been very carefully calculated.** It felt risky because I felt like it could push things either way but I think on both occasions that I can bring to mind I felt like it would enable the client to bring that part of themselves to the room, in a way that they hadn't done or they weren't sure that they could do."*

Elena talked about disclosure as a facilitative approach of giving a nondirective prompt for clients to express their own religious beliefs.

There is a consensus among the participants that the client values should guide psychotherapy. On the other hand, they also understand that the therapist cannot be neutral in a relationship as personal and intimate as therapy. The quotes above illustrate clearly that some participants do not seem to support the most traditional psychoanalytic/psychodynamic theorists when it comes to disclosure, who insist on neutrality; they seem more accepting of self-disclosures and its possible benefits to clients. Critical realism enabled me to understand how it can be that there are very

different formed conceptualisations of the use of disclosure in counselling. Furthermore, I observed that participants generally do not wait before engaging in self-disclosure to consider what is triggering them to want to make revelations about their religious beliefs; whether they would be self-disclosing expressly for the client's benefit, or if they would be doing so to fulfil a personal need. Nevertheless, in line with the epistemological position assumed- critical realist social constructionist- I acknowledge that my perceptions of the participant's experience may not be as it is in itself, but my own interpretation.

4.6.2. It wasn't a Therapeutic Intervention

I have noticed that participants struggled to acknowledge how disclosure of their religious beliefs could become a potential hindrance to the therapeutic relationship. With the exception of Steve, who was extremely honest about how disclosure can be unhelpful to clients if not used with caution, all other participants construed disclosure as a positive contribution to the therapeutic relationship. The interview with Steve was remarkably different from the others due to his willingness to speak openly about his difficulties.

Steve gave examples of situations in which he perceived it to be sign of weakness on his part:

*“...she was saying should I go to church because that was one of the options. So I said actually I go to church, it could be really helpful for you and suddenly it felt so twee and it **wasn't helpful** for her. She actually went on and did very well but that didn't matter, the relationship had broken down. It did suddenly feel like I was trying to*

manipulate or I was trying to rescue her, and all the work that we'd done before it just felt as if it just eroded away.”

Steve dared to scrutinise his difficulties, to remain open to critical feedback, to learn to see how one's difficulties interfere with one's therapeutic work, and to do what is needed to remedy the situation. Steve is aware that his openness has an impact on the work with the client by his realization that he was possibly being manipulative. As far as he was concerned the relationship was 'broken' and yet what we witness is Steve unable to stay within the framework he had operated from previously. Steve seems to think that from that point the relationship was irreparable, because he assumed the stance that the client was a victim and that he was the expert. Steve's dramatic shift in his perception gave me the impression that in comparison to other participants he was more open to his inner life and his way of relating to others. Another noticeable difference between Steve and other participants is the fact that he spoke about how comfortable he felt discussing his religious beliefs with colleagues. This reinforces my **critical realist** position that the lack of discussion in training and supervision about the participants' religious beliefs may play an integral part in the participants' lack of awareness about its impact on the therapeutic dynamics.

On this second example Steve reflected on how self-disclosure can be used as a shield:

“.. she came onto me quite heavily sexually and I panicked to be honest. (...) There was silence, there were tears, this kind of thing, and then I said I'm sorry, I can't because I'm a Christian and it was just horrific. I was scared and what I should have done, I

think, was say something like actually I don't think this is going to be the most helpful way or relating, this isn't who I am, our relationship is different. ”

Steve disclosed to his client because he was frightened, and he used religion as a way out of discussing the meaning of the client’s unconscious feelings and fantasies about their interaction. The above extract is yet more evidence of how religion can frame meanings and how these are negotiated between therapist and client, and of the importance of addressing such meanings during counselling training. Furthermore, Steve also mentions how he once responded to a client that was making negative comments about religion and religious individuals:

“I didn't like that he made these assumptions about me. So there was an awful lot of not liking about what was going on in the relationship. So it wasn't a therapeutic intervention, it wasn't a well thought out thing. It was more of an enactment, me responding to something that he was saying but he wasn't saying to me, he was saying to his father or whatever was going on and me responding very much to this cultural picture of religious people are stupid.”

It is clear that Steve has on some occasions been unable to hold the feelings reflected on him, because similarly to other participants he felt his religious self was under attack. Nevertheless, he has been open about having had difficulties with certain feelings and about using mechanisms to defend himself from the impact of these feelings. Once again, the issue of non-disclosure seems relevant, as his client may not have taken such

offence if he had been aware of Steve's religious beliefs before the beginning of therapy.

The participants' lack of openness about their difficulties raised some concerns for me with regards to what they believe is expected from them. I have the impression that they feel they have to work well with all types of clients. I also noticed that they work so hard at suppressing their religious self in training and supervision, that the therapeutic room seems to be used as an outlet for their beliefs, and that this may be triggered by the lack of space to discuss religious issues in training and therapy. Also, for some reason, participants seemed to apply the same strategies used to manage their religious identity in training and supervision with me during the interviews; the interviews were marked by the participants' need to protect their professional identity and justify their need to integrate counselling with religion.

4.6.3. "My Personal Bit"

This sub-category originated from participants' accounts of how they inform clients of their religious identity.

There is a view in mainstream psychology that states therapists must keep their values hidden from clients. For example, Curtis (1982b) emphasised the importance of refraining from self-disclosure because in his view the therapist's self-disclosure would contaminate the transference process and disrupt the therapeutic bonding. Furthermore, Wachtel (1993) emphasised that the therapist's self-disclosure obstructs the exploration of the less conscious parts of the client's personality. Although this can certainly be

true in cases where the therapist's self-disclosure can place clients in a victim position, as previously discussed, it can also be a flawed premise based on a faulty assumption that clients are not pro-active in their therapy.

Steve expressed some awareness of the importance of informing clients of how religion is a fundamental part of his value system:

*"I have a website and on that website **the word 'Christian' is in my personal bit**: I like surfing, I have a family, I like walking my kids around parks and I'm a Christian, and I'm an active member of the community and that kind of thing. So in that sense it's there and I wanted it to be there, I don't think it's fair for a client to come to me and then find out I'm a Christian six sessions in or something like that because that feels unfair."*

Although Steve presented some strong arguments in favour of the disclosure of his religious self, I felt he struggled to distinguish between the desire to self-disclosure due to personal needs and sharing with the client for empathic reasons. I would agree with Goldstein (1994) that the focus of self-disclosure should be expressing empathy towards clients. Furthermore, Steve's personal disclosures seem to reveal some anxiety with regards to the perceptions clients may have of him. His own stereotypical constructions about religious individuals seem to impinge on the type of information he chooses to include on his professional website, and his internalised power relations seem to reveal some oppression against his own religious identity when he says: "... I don't think it's fair for a client to come to me and then find out I'm a Christian six sessions in..."; and on another hand liberating by the excessive use of self-disclosure and by the justification that is to provide clients with a choice.

Steve also provided an example where he informed the client of his religious background because it was relevant to the client's presenting issue:

"I saw one lady once who came because she didn't want to see a Christian. She was a Christian herself but she felt the church had let her down so much she didn't want to see a Christian. I felt it right to actually say maybe it's not appropriate, maybe you're looking for someone else and we did end up working together and worked well."

In line with Miller (1983), appropriate self-disclosures are those that elicit a client's disclosures, instil trust and enhance the relationship. Steve is aware that his religious background plays an important part in how he conceptualises the therapeutic relationship, and that it is "fair" for clients to be able to make an informed decision before engaging in counselling with him.

Mary also gave an example of a situation in which she felt it was fair to inform the client about her religious orientation, but differently from Steve she does not seem to be very reflective about her real reasons for doing this:

"...there was going to be this television programme. I mentioned it because there was a chance I could have been on, I don't know how it just came up. But I think if you recognise, hang on, we don't want collusion, we don't want to get into murky waters, got to stay strictly with the model, and that's one reason why I value (CAT) so much

because there's a very defined model. I think it's very helpful especially with religiously committed people like I am myself."

Mary once again acknowledged the difficulties she has in restraining herself from discussing religious issues in the therapeutic room, and how she relies on her chosen therapeutic approach to maintain her professional therapist position.

Overall, the idea I wanted to convey in this category, arrived at through participants' use of language and discursive constructs (social constructionism), is that the participants may be using disclosure to manage their anxieties, rather than to empower clients. Participants generally have a strong belief against imposing values in therapy. While some keep their values hidden from clients, sometimes revealing them when the therapeutic process has already begun, as in Mary's case. Others, such as Steve and Bernadette, sometimes choose to inform clients of their religious identity before the therapy begins. The non-informing of religious values can potentially lead to clients discovering that the therapist's values are opposite to theirs, and this leading to a subsequent rupture in the therapeutic relationship. It appears the difference lies in the way they construe transparency, and the fact this can on occasions be the exact opposite of that intended. I would agree with Langs (1982) about self-disclosure being a continuum. On one end of the continuum exist the disclosures that are inevitable and necessary, and on the other end of the continuum exist those self-revelations that are deliberate and can disrupt the relationship between the therapist and the patient.

The little mention of supervision and personal therapy during the interviews coupled with their need to protect their religious identity, raised concerns about the opportunities participants have to develop self-awareness about the ways they are managing the religious aspects of their self in the therapeutic room. This will be further discussed in the next chapter.

4.7. Category 4- The Impact on Therapy

Under this category I consider the various ways the participants' religious values are enclosed in their psychotherapy practice. The findings illustrate the impact of the participants' religious beliefs on the way they formulate cases and on their choice of intervention; on the way they conceptualise their role as counselling professionals; and what they believe to be the possible positive and hindering aspects of integrating religion and counselling.

Participants' narratives about the different ways their religious background enters the therapeutic room gave rise to four sub-categories: 1) "Bringing Wholeness and Healing to People", 2) Developing a 'Spiritual' Approach to Counselling, 3) It Helps me with all the Good Qualities that I need for my Job, and 4) It Was a Challenge.

4.7.1. "Bringing Wholeness and Healing to People"

All participants acknowledged that they cannot remain neutral figures to their clients and that the religious aspects of their self are deeply involved in their practice. As we have seen, religious beliefs can have powerful effects on how participants construct

meaning and manage themselves in relationships. This sub-category is concerned with how participants construct and manage their role as therapists based on their religious beliefs.

For Elena, the recognition of clients' religious or spiritual aspects in therapy is part of the process of integrating the client's experience; making him/her whole.

"I think it's about ethics. I think it is about the whole person not just the thing that's troubling them as well. So I think recognising faith and spirituality, religion, faith community as resources that may be helpful and also as things that may hold people back at times or may have held people back at times or been problematic..."

Elena acknowledges that her clients' experience of religion is negotiated in the way she chooses to position herself in the therapy room, and how her religious values may also affect their expectation of how others need to be in therapy. For Elena, it is important to work within the clients' value framework and consider how they negotiate meaning in and out of the therapeutic room.

Bernadette, similarly to Elena, also believed that therapy is about enabling clients to feel whole:

"I believe that faith is about bringing wholeness and healing to people and I think psychotherapy is about that and I see that."

Most participants found commonalities between the basic principles of therapy and their religious and or spiritual beliefs.

William highlighted the overlapping characteristics of his role as a priest and as a counsellor:

“I think the principles I adhere to feed into what I do, so counselling is a form of healing really and that's an important part of my Christian belief that we're trying to heal people. So in many ways counselling's a natural progression to what I do anyway and I suppose I've had an advantage of that.”

William acknowledged that his religious principles frame his counselling practice, and also that his role as a counsellor is the same as that of his role as a priest- to heal people. I see his institutionalised expert position as potentially problematic because conceptualising himself as a healer has an expert tone, which goes against being a facilitator in the process of facilitating clients' awareness, growth and psychological development. My interpretation seems to be in line with Levine and Sandeen (1985), who claim that therapy can be successful only when it involves the individual's own reflexivity. For therapy is not something which is 'done' to a person, or 'happens' to them; it is an experience which involves the individual in systematic reflection about the course of her or his life's development (Levine & Sandeen, 1985).

Phillip prefers to take a more passive position in the therapeutic relationship:

“Well, for me I believe in the (god) of relationships. In Christianity it's a true caring God the Father, God the Son, God the Holy Spirit and I believe that's a relation on love. (...) You see how people can be transformed through therapy and you may want to use religious language saying that's the Holy Spirit working in people.”

The way Phillip conceptualised clients' psychological development by implying the Holy Spirit is responsible for changes, similarly to William's position, also places clients in a victim position and robs them of any agency.

Mary went beyond William's expert position, and placed herself as an omnipotent being who can free clients from their “bandages” and “forgive” them their sins:

“In that story when Jesus raises Lazareth to the dead and he says to the people around him ‘unbind him and set him free’, in other words the people standing round are to take off the bandages, whatever, that were around Lazareth. I see the tools of psychotherapy as ways of taking the bandages off people that keep them bound.”

“I see my task then as showing I forgive him, I don't judge him.”

The participant's ideas about the parallel between the goals of religion and counselling are in line with Van Deurzen (1999), who suggests that ‘counselling therapy’ is now not only fulfilling a similar function to ‘religious belief’, but is indeed being replaced in modern western society by counselling therapeutic practice as a new paradigm for living. It seems that for these participants the role of a counselling professional is both determined by social constructs, as in Elena's mention of ethics and William's mention

of principles, but also as individual realities, which have a perceptible impact on the surrounding world (critical realism).

4.7.2. Developing a ‘spiritual approach’ to counselling

This sub-category originated from the accounts of Iram and Sushuma who claim to have developed their own approach to counselling.

Iram spoke about how her religious values have influenced her therapeutic work. She seems to have developed her own personal approach to counselling, which is highly based on the Koran:

“I actually quote certain verses from the Koran which are inspirational, that God does not help those who does not help themselves and it's clearly written down that if you come one step towards God he'll come. If you go one step he'll come 10 steps towards you, he'll be helping you that way. If you walk towards God he will run towards you and help you. If you run towards him he'll just pick you up among the assembly of angels. So these are a few things that whatever I know on top of my head in the moment which comes up then I'll be talking about it, and see how the client is responding to that because most of the clients whom I have spoken to, especially Muslim clients, when I speak to them about Koran they connect so quickly.”

Iram's narrative raised concerns about the lack of training and an understanding of the complexities of a potential therapist to religion being silently negotiated in therapy.

Iram's approach to therapy could be viewed as evoking an undue power differential between her clients and herself. Iram seem to assume shared meaning between her and her clients especially those who share the same religious background with her.

It reminds me of the sociological model of consensus proposed by Sheff (1967). He proposed that the concept of consensus implies levels of reciprocating mindreading, but that they are seldom acknowledged, and never explored. Iram's approach goes against the idea that the therapist should be open to his/her clients' universe, as she assumes the stance that her meanings are the same as those of her clients.

The implementation of spiritual interventions in psychotherapy raises potentially difficult questions regarding the limits of professional role boundaries. Tjeltveit (1986) argued that psychotherapists "need openly to distinguish their tasks from those of ethicists, religious professionals and political theorists" (p.527).

Sushuma, who is also Muslim, also has developed a spiritual approach to counselling:

*"My doctor interviewed me and he said what kind of counselling methods are you using, which approaches. So I told him the integrative approach and I've done a lot of NLP. I said also **the spiritual approach**. He said that's interesting, spiritual approach, how would you use that? I said, well, if anybody believed in God and they came to me and **we had similar ideas** I'd give them a prayer. He said, no, are you going to use prayer in your counselling? I said, well, **when there's the necessity**..."*

Hathaway and Ripley (2009) pointed out that religious matching between therapist and client does not mean that they have congruence on all of the clinically relevant spiritual

issues or values. Furthermore, according to Ancona-Lopez (2008a) theoretical studies, personal therapy and supervision are the resources used by professionals to feel, perceive, know and understand their personal aspects and their effects on the services rendered; thus they get the chance to make use of their universe and thus to be available for the other. Nevertheless, these professionals make no mention of supervision. This makes me believe that the participants' preconceptions about secular colleagues being antagonistic to religious spiritual beliefs and sensitivities may provoke reticence and deter them from discussing these issues in supervision, and that as an expert or a God's agent they do not need to have such discussions.

I asked Sushuma about her experiences of working with clients who are not religious. She provided me with an example to illustrate how she integrates spiritual interventions with mainstream secular therapeutic approaches. She spoke about how she supplemented NLP by infusing prayer.

"...I said, look, I'm a Muslim and I'm not going to impose my religion on you. I believe everybody's God is the same God and this is the prayer I did when I felt I can't talk, and maybe you can omit the word 'oh God'... So he took it and then he said he did do that, he did do the prayer, he had it, he showed it to me. So I gave him the choice, I said you don't have to use my words, you can change them and you can do it how you feel comfortable if you want to."

It seems that the immediate recognition of Sushuma's religious identity, as she wore the hijab to work, legitimatises her spiritual approach to counselling.

It appears that once Sushuma has established a relationship of trust with this client she felt comfortable introducing spiritual interventions. She emphasises that she has obtained the client's permission before giving him the prayer to make sure he was comfortable.

Sushuma and Iram cannot function as therapists without religion, which seems to provide them with coherence and conviction. They see the role of the psychotherapist as joint to that of a member of a religious community or as a continuation of it. I was reminded of Alport's (1966) theoretical stance on the potential benefits and hindrances of religion to psychological well-being. Emerging from Alport's (1966) theory comes a sense that there is an inevitability that 'religious belief' influences a counsellor's practice. The main issue seems to be the way a counsellor manages her religious self. With the counsellor who uses religion in an 'extrinsic, immature way' the probability is that she will find it difficult to divorce her religious views from her therapeutic dialogue. For a counsellor who uses religion in an 'intrinsic, mature way' the probability is that she will have little trouble following the principles of secular counselling practice, including the bracketing of personal views.

Furthermore, the quotes presented under this sub-category have demonstrated how for some participants the way they construct what is similar and different in terms of their religious values and those of the clients can influence their choice of intervention. It becomes clear that some participants' identification with their clients can cause them to become more disclosing, and that the sessions can turn into an encounter in which the therapist self-indulges his or her own spiritual interests, by for instance, relaying personal religious coping strategies. Such findings, can raise concerns related to the

subjective factors that influence theory, interpretation, construction, choice and utilization. Under this sub-category critical realism was selected to enable the researcher to explore implications of the integration of religious beliefs and therapeutic practice for clients.

4.7.3. It Helps Me with all the Good Qualities that I Need for my Job

Participants were asked to describe successful and unsuccessful religious related intervention case examples. This sub-category will focus on the examples they gave of how their religious beliefs can facilitate the therapeutic relationship, especially with religious clients.

Elena and Phillip spoke about how their religious knowledge can facilitate the process of exploring the client's religious values and experiences in order to increase the client's awareness of their sense of right and wrong, and how this can have a bearing on lifestyle decisions and actions, and subsequently on their wellbeing.

Elena:

Sometimes we've looked at biblical things together, particularly where people have grown up with thoughts like thinking something is as bad as doing it and actually thinking..."

Phillip:

“Again, the very fixed beliefs about Christianity and interpreting specific bits of scripture that they may feel condemn them or feel very guilty about their behaviour.”

Elena’s and Phillip’s narrative resonates with Bergin and Payne’s (1991, p.201) statement: “Ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth”.

Elena provided several examples of how she believes being religious make her more able explicitly to address and acknowledge spiritual and religious issues. On the following excerpt she focused on how the openness to explore clients’ religious values in a respectful way can be of importance for those clients who feel unable to fulfil religious expectations.

Yao (1987) pointed out that clients who struggle to reconcile their thoughts and actions with their religious beliefs often struggle with feelings of guilt. The negative effect of guilt and fear associated with religious beliefs has interested Freud (1961/1930) and Ellis (1980), who used guilt as the foundation of their arguments that religion is neurotic. Thus Elena’s construction of religious beliefs as a potential hindering aspect to someone’s wellbeing has some theoretical support.

Iram emphasised how the easy recognition of her religious identity can facilitate the therapeutic relationship with clients from the same religious background:

“I’ve noticed that when they see me they feel so relaxed. They feel that I’ll be able to understand their problems, I will be able to see their point of view more easily than the other counsellors that haven’t been from the same faith.”

There is no consensus on how helpful it can be for clients to share the same religious background with their therapists. Sue (1998) and Sue and Zane (1987) support the view that a shared cultural background is not as important to therapy as is the demonstration of cultural and therapeutic competence. However, other authors provide support for Iram’s positive view of shared religious beliefs (i.e. Littlewood, 1983; Lovinger, 1984; Peterson & Nelson, 1987; Spero, 1983). They have pointed out that a demonstration of such competence requires the therapist to know specific details of a client’s spirituality, not just vague generalities about “religious people”.

Iram spoke about how she looks to the Koran to provide her with all the skills she needs for her role as a counsellor, and how deepening her knowledge of her own religion is important for her “to help others”:

“It helps me to be calm. It helps me to be steadfast. It helps me with all the good qualities that I need for my job: non-judgmental, empathy, all these core conditions. (...) So, yes, 75% of my work is through Koran.”

Elizabeth echoed Iram’s view on how religion plays an essential role in the understanding of her role as a counsellor:

“But I found that my spiritual beliefs help me to go a lot further, to understand a lot more, to get more sometimes out of the client. So in relationship to clients it helps me to maybe have a little more empathy, a little more understanding that maybe they are being manipulated by forces that they don't know.”

The quotes presented under this sub-category indicate that participants construct religious beliefs as important and in some cases (i.e. Iram) essential to their work with clients. A critical realist and social constructionist epistemological position were used when considering the implications of the integration of religious beliefs and therapeutic practice for clients. The participants' narrative suggests their religiosity enables a deeper exploration of their clients' religious beliefs, as well as the inclusion of religion in the counselling room as a central aspect of individual experience. Participants emphasised that being a religiously committed practitioner enables them to be more sensitive and understanding of their clients' religious beliefs. It appears to add another dimension to how they conceptualise their cases, such in Elizabeth's statement about “forces” that exist of which clients are unaware. In this context, such knowledge often involves understanding what motivates or inhibits people and how to influence people's emotions and thoughts and control their behaviours, and places the practitioner in an expert position reinforcing the power imbalance in the therapeutic room. Obviously, the knowledge and capacity to influence can be employed to help people heal and grow but can also increase therapists' power to dominate, manipulate, control, or exploit.

4.7.4. It Was a Challenge

This sub-category will focus on the most common ethical concerns and anxieties arising from counselling practice with religious and spiritual issues raised by the participants. They were cautious about the ineffective use of spiritual interventions; but expressed their anxieties with regards to the possible negative outcomes for their clients.

Elena, Phillip and Mary highlighted the possible dangers of over identification with the client's religious or spiritual issues due to shared religious background.

Elena:

"I think there is danger of assuming there's connection which there isn't or which is there in a different way."

Phillip:

"Knowledge is a dangerous thing and (...) you have to watch yourself in what you say."

Mary:

"I think if you do have a committed Christian the big challenge, the danger is that you can get into collusion and assume that they are looking at things the same way as you are, and obviously that would be horrific. So I think it can be a bit of problem sometimes."

These three participants agree that the fact that the therapist and the client share the same religious background does not mean that they will have congruence on all of the clinically relevant spiritual issues or values, and that this can lead to the practitioner colluding with the client or making assumptions about the client's values.

Steve spoke about assumptions made by participants when they become aware of his religious background:

"...he came because he knew that I was a Christian and he wanted to work with a Christian. He wanted someone who in one sense would support him in his beliefs there and I found that difficult to do."

Steve also provided other examples of therapeutic encounters in which he felt the client was trying to "bait" him, and or the client assumed he would be an "incredibly nurturing, placid kind of person" because of his religious background.

Iram also spoke about the fact that disclosure of her religious self is unavoidable because she wears the hijab, and how she perceives the impact of this on her clients:

"Even in the Muslim community sometimes they feel this outward appearance is a barrier for them because they may not have been practising, they may not know so much about Islam. So they feel a little bit of a fear inside: is she going to judge us for not knowing Islam, is she going to reprimand us?"

Iram expressed some sensitivity about the meaning her religious symbol (hijab) may be signalling to her clients; she seemed aware that it might make it hard for some clients to share with her. Iram seemed to raise an important point about the fact that she can not divorce her religious beliefs from her practice; that nobody is completely free of social judgement, that some clients may feel the outward display of her religion off-putting.

Amongst the difficulties discussed by Iram was that of dealing with clients, who bring issues of sexual orientation:

*“He looked gay from the way he was manoeuvring himself and holding himself and everything. He came for an anxiety disorder and it took me a good one or two sessions to step out of my judgments, it really did because I was sensing it all here. I could feel it that I'm not accepting it because in Islam it's not allowed as you know, in Christianity it's not **allowed** either.”*

Iram acknowledged that Islam plays a big part in how she thinks about sexual orientation. Working with a gay client goes against the convictions of her ‘religious self’, but she is aware that her principled stance violates the ethical principle of anti-discriminatory practice of her ‘professional self’.

Sushuma, who shares the same religious background as Iram, provided a very similar example to the one above:

“I had a couple of girls and both were Muslim girls, they were lesbians. (...)I felt it was a challenge. I haven't had any special training in that area... She felt bad as well about it because there's so much emphasised in Islam, it's wrong and it's not accepted. ”

William was very open to admit his personal difficulties, which he emphasised might not be directly related to his religious beliefs, but I am uncertain whether the two could be separated.

“I've had to deal with a couple of gay clients. I know the first time I did it did create questions for me but I don't think it was because of what the Catholic Church teaches about homosexuality. I think it was my own personal prejudices in a way and I had to work that through for myself. ”

According to Elliott (2011) it becomes clear that value conflict situations may emerge in the counselling process for practising counsellors, who hold very strong beliefs regarding situations such as termination of pregnancies, euthanasia and the “right to die”, gender identity and orientation, and that this can cause serious dissonance between their values and beliefs and the requirements of their code of Ethics. This dissonance, from a critical realist point of view is differentiated, structured, layered and connected to experiential or inter-subjective and its emerging casual powers. Speaking realistically about this means treating reasons as possible causes for action, accepting values as a necessary part of the social world, and understanding social structures as real conditions for reasons and values. Likewise, adherence to ethical guidelines can provide an essential safeguard against the potential abuse of power inherent in the counselling relationship and is necessary if counsellors are to be both ethical and

therapeutic when engaged in the practice of counselling (Elliott, 2003). Furthermore, Elliott (2011) emphasised that all counsellors and particularly those who have experienced a conflict between personal values and ethical guidelines are encouraged, and some would say required, to ground their practice of counselling on the core conditions of the therapeutic process identified with the client-centred approach to counselling (Raskin & Rogers, 2000; Rogers, 1957).

Chapter 5: Further Discussion and Conclusion

5.1. Introduction

The results of the investigations carried out for the present research have been presented and discussed in detail. This final chapter aims to reflect on the significance of these findings more broadly and to identify some implications for counselling psychology training. The work will also be evaluated from a methodological perspective, and suggestions will be made for further research in the area, before offering some closing thoughts.

The data is rich and, while being relatively similar to the study done by Baker and Wang (2004), it did not focus on participants of a specific religious denomination and also included a heterogeneous sample of counselling professionals. This heterogeneous sample will be further discussed in this chapter. Furthermore, it gives rise to implications in the way counselling is practised by religiously committed practitioners in the UK. Additionally, it reflects a gap in the way that counselling professionals are trained in the UK.

The findings have shown that multiple ways of conceptualising religion exist and that its connectedness to counselling practice can be shaped by a range of factors (i.e. preferred therapeutic orientation and employment context). This provides a foundation on which therapeutic decision-making is made and clients' difficulties conceptualised. It does, however, give rise to further diversity with practitioners articulating and managing the 'protection' of these values in different ways.

5.2. Core Category- Protection: The Way Religious Identity is Shielded from the Outside

The division between religion and mental health care coupled with the anxiety of being perceived as irrational, because they were talking about religious or spiritual aspects of their personal or professional life was thought to generate feelings of uncertainty and fear in the participants. Baker and Wang (2004) point out religious psychologists are often asked by both religious and non-religious individuals: "How can you be a psychologist and a Christian?", and that this is an indication some people believe that the values associated with psychology and religion are incompatible. Indeed, many psychologists are atheists and are very critical of Christian beliefs. For example, Albert Ellis accused those he called "devout religionists" of being irrational. Ellis is not alone. Sigmund Freud taught that God was invented by our need for a father figure. Participants spoke at great length about their experience of shielding their religious identity from colleagues due to the fear that they would be judged negatively by them. For example, they seemed concerned that colleagues would see them as "soft in the head", or as using religion as a "crutch" or "defence mechanism". The participants' need to protect themselves from potential negative judgment was identified as a

complex phenomenon that formed the basis of the core category named as 'Protection'. Four different yet highly related categories were identified: 1) Meaning making: Identity within the context of religion, 2) Keeping my faith life and my psychotherapy life separate, 3) Disclosure: The Unavoidable Blend between Religion and Counselling, 4) The Impact on Therapy.

The researcher used social identity theory (e.g., Tajfel & Turner 1979) as a theoretical framework to establish the core category, where social identity refers to the component of the self-concept that is derived from actual or perceived membership in social groups (White & Argo, 2008). First, because individuals base part of their self-concept on the groups to which they belong ("social identity"), perceiving Derks (2007) that when one's group is stigmatized and devalued one's identity will be threatened. Furthermore, Derks (2007) emphasises that threat to social identity leads members of stigmatized groups to use several coping strategies to protect the value of their identity. It was noticed that participants in this research are likely to protect their identity by avoiding discussing their religious beliefs and self-segregating from professional domains (i.e. supervision and training) where their religious identity may be devalued. Participants' accounts suggest that they somehow need to ensure the outside world do not detect their 'true' identity.

This resembles the findings by Cohen (1994), who while distinguishing the experience of religiously committed psychoanalysts, invites an acknowledgement of a *torment of soul* entailed by their compartmentalizing a psychological presentable 'God' from a personally sustaining but private 'God'. The compartmentalization mentioned by Cohen (1994) seems to be part of the process of managing outer expressions of what

they felt personally and how this needed to be kept 'hidden'. It resembles a process of emotional labour outlined by Arlie Hochschild (1983). According to Hochschild (1983), emotional labour is a form of emotion regulation that creates a publicly visible facial and bodily display within the workplace. Furthermore, Hochschild (1983) theorises that our managing acts are not simply private acts, that they follow feeling rules, and that the distribution of power and authority in our relationships will influence how we manage or negotiate meanings about the self in relation to others. This is particularly relevant to the participants' narratives about how they manage disclosure of their religious values to colleagues and clients. There was a clear difference between participants' accounts of disclosing to colleagues, and the debatable legitimacy of doing so with clients. Thus, in the type of negotiation, the therapist is aware of their religious values remaining hidden from the client.

The concept of 'protection' was thought to subsume all other processes occurring in participants' accounts of their experiences; a tension exists between how participants manage their religious identity and their role as a psychological professional. It became clear that in response to different power dynamics (i.e. supervision, training and clinical work) participants chose either to hide or to expose their religious self, and that these two managing acts were protection mechanisms against a possible identity harm.

During the interviews I was keen to engage with the debate and conversation at different points and in line with what Charmaz (2006) suggests. I understand meanings were negotiated within particular social contexts, and co-constructed between myself and my participants. I acknowledge how intersubjective elements impacted on data collection and analysis in an effort to enhance the trustworthiness, transparency and accountability

of this research. Below are a couple of examples of my subjective experience during the interviews:

Interview with Iram:

“So it's one difficulty that you encounter that people are concerned that you might be propagating Islam. I find it interesting. Wouldn't that be the same as recommending a chapter in a book, for example, or a self-help book as some counsellors do?”

Interview with William:

“I'm fascinated of course by the fact that I'm interviewing a priest because I'm wondering how I would feel if I knew that my therapist was a priest with all the assumptions and the authority, and the things that I might think I was not comfortable to say or the fear of being judged. Have you had this sort of experience with clients who know that you were a priest? They would not feel comfortable talking about certain issues. Have you actually asked any of the clients how they feel knowing that you are priest?”

5.3. Category 1- Meaning making: Identity within the Context of Religion

The present research has indicated that the participants have beliefs that are central to their worldview. This could be linked to William, Mary, and Elizabeth all using expressions like ‘a way of life’, ‘finding the answers’ and ‘everything to me’ to define religion and describe its importance to them. Furthermore, Bernadette and Iram expressed their dependency on God to guide their relationship with clients. This is consistent with previous research by Bilgrave and Deluty (1998), as mentioned in the

literature review, page 27. However, the current study revealed individual differences in personal meanings and the way participants' faith determines their thinking, feeling, conduct, meaning making, and sense of self.

The results suggest that religious experiences are understood to be meaningful events which lead to change in the participant's level of conscious awareness. For example, Elizabeth and Sushuma highly value these events, and attribute deep internal changes in both their personal and professional lives.

These changes in the conscious awareness involved in such experiences are in line with Sperry (2010: 48), who defined consciousness as 'an awareness of one's existence, sensations, thoughts, and feelings'. Furthermore, he said that from a post-materialist perspective, consciousness also includes having an attunement with, and receptivity to, the broader universe, suggesting, as the participants did, that it is the act of connecting to the "community", and to a higher source of power- "God", that provides the meaningful experience. All of these experiences involve a powerful internal awareness which McLean and Thorne (2003) argue can yield insights that can be incorporated into, and change, identity.

Throughout the interview process, it became evident that regardless of actual religious beliefs, there was an attitude that being religious enabled them to remain constantly connected with something greater. Bernadette and Iram used words like "*connecting*" and "*relating*" to describe the way religion enables communication with God. Bernadette was explicit about the presence of God in her therapeutic relationships: "*God is in the relationship that we create*".

As previously mentioned this strong relationship with a higher source of power, that guides and inspires practitioners, and that is constantly present made me think of the concepts of obedience and rightfulness, and its influence on the therapeutic relationship. It made me think particularly of how for religious practitioners therapy seems to be tripartite. The religious concept of never being alone is for me opposed to the concepts of loneliness and social isolation experienced by many individuals seeking counselling. According to Gierveld, Tilburg and Dykstra (2006) the forms of loneliness and their antecedents can vary enormously according to personal and contextual determinants. A definition of loneliness, frequently used in European countries, is formulated as follows: “Loneliness is a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of (quality of) certain relationships. This includes situations, in which the number of existing relationships is smaller than is considered desirable or admissible, as well as situations where the intimacy one wishes for has not been realized. (Gierveld, 1987, p. 120)”. Central to this definition is that loneliness is a subjective and negative experience, and the outcome of a cognitive evaluation of the match between the quantity and quality of existing relationships and relationship standards. The opposite of loneliness is belongingness or embeddedness. Furthermore, Gierveld, Tilburg and Dykstra (2006) claim that social isolation concerns the objective characteristics of a situation and refers to the absence of relationships with other people. This poses a few questions: What are the bases (i.e. religious or psychological) for religiously committed practitioners conceptualising someone as being alone or not? For Gierveld, Tilburg and Dykstra (2006), there is a continuum running from social isolation at the one end to social participation at the other. Persons with a very small number of meaningful ties are, by definition, socially isolated. According to several

psychological theories (i.e. Zilboorg, 1938, Sullivan, 1953, Fromm-Reichmann, 1959, Rogers, 1970) loneliness is not directly connected to objective social isolation; the association is of a more complex nature. This could potentially impact on the practice of counselling with clients, who feel lonely or isolated, as the practitioners' strong beliefs about the constant presence of a higher power in their lives may be implicitly or explicitly communicated.

The other important idea originating from the data is that of obedience and/or rightfulness as the therapeutic relationship to be conceptualised by some participants as tripartite. What could be the impact on the work between a practitioner who believes God is present in the relationship and a client who does not believe there is a God? Religion was construed by some of the participants as "a way of life". It is important to remember that religious rules and regulations are cultural norms, that establish what it means to be 'a real person' and 'to live a decent life', and that these can turn into a normalising measure, against which a person compares herself and discovers multiple shortcomings (Emmons & Paloutzian, 2003). Crook and Alexander (2008) suggest that, when people use the words of Jesus for surveillance and policing of themselves and others, this is a clear example of modern power as described by Foucault: "Have we heard this statement (of Jesus) as the Pharisees would have- and try to make more rules? Or have we heard it with the ears of those in the grip of modern power and tried to self-evaluate to higher levels of performance? These possible responses need to be unpacked further since our conceptions of the telos of our faith" (p.83). Cook suggests that the relationship one decides to have with 'God' (i.e. friend, servant, slave) can turn into a space of freedom and autonomy. As Alexander and Cook point out, for many Christians they are "in the world, but not of the world", and that they sometimes tend

to ascribe to God the responsibility for human actions leading to justice and healing. The researcher views such an approach as having the potential to weaken people, dispossessing them of agency to change their lives.

It is not possible to tell whether participants have explored the impact their religious beliefs have on their counselling practice in supervision and personal practice as this was not explored, as the focus of the study was on the participants' counselling experience. Nevertheless, it was noticed that most participants with the exception of Steve, William and Phillip spent a reasonable amount of time talking about the development of their religious identity, but the only one, who reported bringing her own religious beliefs and experiences to therapy was Elizabeth. She reported that she had tried to discuss her beliefs in therapy, but that she felt dismissed by her therapist, and this important aspect of her identity went unexplored in the relationship with her particular therapist. The statement of one participant can not be generalised, but may signal some practitioners may be encountering difficulties in exploring the religious self in their personal therapy. Nevertheless, as has been shown by the data either explicitly or implicitly, the participants' worldview will affect the way in which they approach religious issues, human behaviour, the counselling model they adopt, and the techniques they use.

5.4. Category 2- "Keeping my faith life and my psychotherapy life separate"

This category focused on one of the identified ways practitioners have been using to manage their 'religious self' within professional settings (i.e. supervision, training, and practice).

It became apparent that for the majority of the participants a process of keeping their faith away from training and supervision, as a way to protect their identity, was taking place. Their sense of professional responsibility and desire to be recognised as a competent and ethical practitioner causes them to push their ‘religious self’ into the background within the supervisory and training contexts, even though they consider it central to their identity. For instance, Elena noticeably separates the religious from the professional: “*So for a lot of my time I've chosen to keep my faith life and my psychotherapy life separate when clearly it need not be separate and that's part of the struggle.*” Both selves are well defined, but the dominance of one over the other is determined by what participants consider appropriate for the immediate environmental context. Their positions are in dialogue and most participants report overt expression of their ‘religious self’ in their clinical work (i.e. Iram, Sushuma, Mary, Elizabeth). The data has shown that for some participants (i.e. Elena, Bernadette, Elizabeth, Iram), reticence about speaking about their religious beliefs often seemed to involve explanations concerning fear of being judged and the need to remain credible.

According to Reisetter et al. (2004), professional identity is the view of self as a professional, together with one’s competence as a professional, resulting in congruence between a personal worldview and professional view. In this case it seems likely that separating out such essential parts of the self from a professional identity can prevent the practitioner from growing both professionally and personally.

There is a sense that some participants regard their supervisors and colleagues as a threat to their religious and professional identity. For example, Iram used the word

“small” to describe how a fellow trainee made her feel. They experience a tension between their religious and professional self-positions acutely. For instance, Elizabeth reported: *“I mean you wouldn't talk about religion at all actually to be truthful”*. It becomes apparent that all participants have experienced feeling ashamed and vulnerable to judgment either in training or supervision, and that they numb these uncomfortable feelings by attempting to keep their ‘religious self’ separate from their experiences of training and supervision, as a way to protect their religious self. It seems difficult for practitioners to own their ‘religious self’ in training, supervision, and what concerns the researcher is that if they are not able to do this, they may be missing a critical opportunity to create change for themselves and others both personally and professionally. It seems that their training and supervision experiences have not enabled them to think of their history as collective.

My concern is that their silence in face of the challenges they have faced may be helping to perpetuate further stereotyping and prejudice. Nevertheless, the other side of the coin, is that they are not aware of their role in this process, but aware of their reasons for choosing to protect themselves as evidence by some of the sentences used to describe their experiences: (*“I was **afraid** that people would think I was not very good”, “I could see **they didn't like It**”, “I could see **her eyes went**”, “She was very **anti** and she just **could not understand my perspective**”, “she constantly used to make **comments that made me feel really, really small.**”*

The participants’ narratives seem to indicate there is a continuum in the lack of opportunity for these professionals to discuss their experiences in relation to their religious identity, which begins in training, passes through supervision and ends with

the impact on their therapeutic work. The findings may also point toward the lack of unsystematic and nonspecific preparation of those undertaking the role of supervisor as pointed out by Salvendy (1993) and Bradley (1989).

Fortune and Watts (2000, p.5) have argued that supervision is “a fundamental ingredient of effective counselling and is essential for the welfare of the counsellor and his/her clients”. Furthermore, Holloway (1995, p.1) describes supervision as providing “the opportunity for a [supervisee] to capture the essence of the psychotherapeutic process as articulated and modelled by the supervisor and subsequently, to recreate this process in an actual counselling relationship”. Gilbert and Evans (2000, p.1) state that supervision is “a learning process in which a psychotherapist engages with a more experienced practitioner in order to enhance his skills in the process of ongoing professional development.” Thus the findings point out that due to the power differential, common in many training situations, religiously committed trainees may be prevented from developing their critical thinking and analysing skills.

Critically, the findings indicate that the participants’ need to protect their religious identity is based on deeply personal experiences which are often not spoken about. This lack of open exploration can create an internal dissonance with regard to navigating their professional environments, from the process of training through to working with clients, including discussions within the context of supervision.

5.5. Category 3 - Disclosure: The unavoidable blend between Religion and Counselling

The third sub category focused on how participants have been choosing to make their religious background known to clients. It is the researcher's view that disclosure in the many identified forms is also being used as a protection mechanism. Participants generally reported positive experiences about disclosing their own religious beliefs and backgrounds to clients. Steve was remarkably the only participant, who spoke openly about his experiences of what he perceived as not "well thought" disclosures. Some participants were very conscious of the ethical issues involved in disclosing their own beliefs in clinical work with clients (i.e. Steve, Elena, William), as Pargament et al. (2007) and others have found in their studies, but others seem less aware of the implications of doing this (i.e. Sushuma, Iram, Mary).

The most remarkable similarity between the process of hiding and disclosing religious identity is that the focus seems to be on getting approval or security from their peers or clients. During the hiding process, participants repress the experiences that they think will be disapproved by peers and try to become the professionals they believe they are supposed to be. While in the disclosure process, there is a shift in power dynamics and the participants validate the disclosures by providing clients with the emotional comfort they have not been provided in training and supervision. The participants split themselves in two: deeper selves, expressed in therapeutic encounter with clients, and the selves they develop in order to survive- expressed in training and supervision.

Tantillo (2004) argued that therapists' self-disclosure, can be a sign of counter-transference difficulties. Conversely, anonymity provides a full opportunity for

projection by the client and gives a sense of safety to the therapeutic relationship by keeping the boundaries clear. A contemporary argument against self-disclosure is that therapists, despite their psychological mindedness and insight, cannot always be aware of their motivations for engaging in self-disclosure and could be, therefore, prone to blur their needs with their clients' needs, misusing the relationship for their satisfaction, or desire for narcissistic gratification, eventually damaging the therapeutic environment (Farber, 2006).

The discussion of religious commitment's relationship to the counselling process invites arguments for both disclosure and non-disclosure of religious values by the practitioner in counselling sessions on the basis of ethical considerations. In fact, Hawkins and Bullock (1995) assert that it is an ethical necessity for the therapist to disclose their religious/spiritual stance, should the client ask for that information, in order to address cultural difference and empower the client in deciding whether to continue to work with the therapist or not. Steve, in particular, expressed agreement with this view.

Tan (2003) argues that caution in addressing religion and spirituality in clinical settings is appropriate due to the dangers of abusing or misusing spirituality professionally. Others argue beyond caution and assert that religion should be discussed only with clergy and theologians because counsellors who incorporate religion and spirituality into their practice risk violating the limits of their professional competence (Stifoss-Hanssen, 1999).

Analysis of the participants' accounts suggest that most disclosures discussed by them were born of their need to protect their professional and religious self. For instance, when Steve talks about his "not well thought" disclosures, the purpose of the disclosure may have been to preserve an integrated sense of professional self in order to cope with emotional intensity, and learn from it for other difficult times.

5.6. Category 4- Impact on therapeutic practice

This category focused on the many ways religiously committed practitioners' values are entering the therapeutic room. The findings confirmed that religious beliefs and values impact the therapists' perception of client's problem, the therapeutic process and even how they conceptualize their clinical role. Moreover, the quotes presented under this category highlight the impact of therapists' values on the therapeutic process, whether these values be congruent or discordant with those of religious clients.

The findings revealed that at least for some of the participants (i.e. Iram, Sushuma) religious and spiritual beliefs, rather than clinical training, determined how they approached therapeutic intervention with religious clients.

As seen from the findings, the failure to be self-aware of values can lead to a number of therapeutic difficulties, including acting out of therapist value conflicts, and value clashes with clients. This was particularly clear on Iram, Sushuma and William's conceptualisation of homosexuality as a problem.

Furthermore, differences in the construction of certain values can lead to attempts to correct a client's position through extended philosophical discussions; this was highlighted by Iram and Sushuma's use of their spiritual approach, or it could lead to evaluations of the client as resistant, as per Sushuma's rationale for the lack of control in one's "inclination" to homosexuality.

On the converse side, it also became clear that awareness of how religious beliefs and values which have an impact on therapists' work can help in the understanding of how to enlist the clients' and their own beliefs in the service of therapeutic progress, as per the quotes under the "Bringing wholeness and healing to people".

Whether clients and therapists share the same values or are diametrically opposed, self-awareness of one's values as a therapist and their impact on therapy are necessary in order to practise in the most ethical and effective manner. From the previous mention of the Alport's (1966) study findings, it appears that the developmental journey needed for a religiously inclined secular counsellor to become fully effective requires the development of a mature, intrinsic approach to their religion, and to other cultural influences that may impinge on their ability to be effective.

Consistent with Walker et al (2004), it is suggested by the researcher that in the absence of open discussion in their professional environments, along with the lack of research into useful therapists' religious and spiritual interventions, they find their own ways to include it. Critically, in opposition to the Walker et al study, this research suggests that some participants draw upon their own personal religious experiences to support clients that may not even be bringing issues that are directly related to spiritual issues.

As West suggests (cited in Moore & Purton, 2006) it is vital that in order for therapists to best meet the needs of the client or the person of the client they explore their own counter-transferential issues with regard to spiritual and religious issues. The researcher shall discuss ways in which this can be achieved in the 'Suggestions for future research and training' section.

5.7. The implications and importance of the findings

This study contributed to the field by adding a novel perspective in recognising the impact a psychological practitioner's religious beliefs has on their clinical practice. In doing so, it has added another dimension to the study of religion, spirituality and psychology. The significance of religion and spirituality is a developing area of interest. In particular, research continues to identify the influence that practitioners' values can have on clinical practice. The following paragraphs will outline how this study has contributed to this area.

Implications of this study for professional practice have two distinct aspects. First, the findings and the literature reviewed emphasise the important role of religious commitment in religious people's view of their self and the world. This is also likely to be significant for some clients, who like the participants in this study, may also experience difficulties managing certain aspects of their identity, including religious aspects. Clients' religious positions may be helpful or unhelpful for the therapeutic process, hence the importance of taking it into consideration when providing psychological services.

Due to the centrality of religion in the participants' lives, together with the literature and data that point to the inevitability of including this dimension of self in counselling, psychological practitioners cannot underestimate the influence of religion and spirituality in a person's life, experience and issues, whether for themselves or for their clients. The findings indicate that spirituality and religion are present in the therapy room whether acknowledged by either or both of them. Furthermore, the data suggests that religion remains a reference point for religiously committed practitioners whether one moves away from it or towards it in their experience and issues, whether for themselves or for their clients.

Therefore it becomes important that religiously committed practitioners understand what religion means to them so as to be clear about their own definitions and not impose these upon their clients. It may also be important when helping the client clarify their own understandings. Self-awareness and self-understanding regarding spirituality and religion can be important to help clients differentiate between spirituality and religion, most particularly between healthy and unhealthy influences of either of the two in their own lives and problem situations. Additionally, the fact that religion is central in the participant's lives, as attested by the findings here presented, may indicate that leaving this out of the therapy room may mean ignoring an important dimension of their lives. It would seem that, in certain cases, it may be a question of how and when to make this dimension visible.

As was clear in the research participants' experience, therapists may need to be aware that both spirituality and religion can be very useful resources while they may also

underlie psychological problems. Nevertheless, particular attention needs to be given to 'religious strain' as explained in Exline (2000), as for example the anxiety experienced by a client in facing a decision which may go against their religion. According to Exline (2000), apart from experiencing this strain intrapersonally, such tension could be experienced in the client's relationships. The religious strain may also be experienced by therapists, as was also evident in the ways participants have adapted to manage their religious self within their professional contexts.

Consequently, this as evident from the findings, can give rise to the therapist experiencing certain difficulties such as lack of clarity, difficulty maintaining boundaries, over-sympathising with the client and other counter-transferential reactions. Furthermore, some clinicians could have strong links with religious organisations such as in the case of William, Phillip and Bernadette. As Bergin and Jensen stated, "every therapeutic relationship is a cross-cultural experience" (1990, p.3). Indeed, even among those pairings that counsellors have considered most ideal, there are inherent cross-cultural differences that should not be ignored even among those who claim they exude total empathy, congruence, and warmth.

The division between psychology and religion was marked by the way participants felt they had to shield their religious self from the outside world. Following extensive research into the training of counsellors in the UK and Kenya, as well as researching the relationship between religion and spirituality and counsellors' effectiveness, West (2004), concludes that counselling and psychotherapy have a problem with religion; it does not match the professional and secular image that many therapists wish to present to the world.

The quotes under “It helps me with all the good qualities that I need for my job” seem particularly representative of West’s (2004) claim. The use of words in expressions such as : “acceptance, forgiveness, understand their problems, go a lot further, non-judgmental, empathy”, indicate that somewhere the key motivation for some participants during the interviews was to combat the negative perception of religion being about rules and judgment.

Moreover, as was evident in the way that participants expressed themselves, and which was corroborated by the literature, a person's understanding and appraisal of religion is personal and largely based on their individual experiences. Consequently, they could trigger intense emotional reactions in the person. As discussed earlier, it implies that emotional triggers can be set off in the therapist such that the maintenance of psychological boundaries and the practice of supervision and reflection become critical. In addition, in the UK society is less homogenous than in other countries; this means that counselling professionals (i.e. lecturers, supervisors and practitioners) may need to become more sensitised to diversity and culture. The latter suggests being open to and respectful of other religions and/or forms of spirituality.

5.8. Limitations of the study

Grounded-Theory approach to interpretation of interviews, with its emphasis on subjectivity and context, yields certain limitations. The small and heterogeneous sample size makes comparison with existing research, both quantitative and qualitative,

difficult. Furthermore, qualitative research, however comprehensive and revealing, does not confer generalizable conclusions.

Additionally, Charmaz's (2006) version of grounded theory is based on social constructionism (Burr, 2003), the findings are representative of this group of participants in their particular culture at this point in time, and are the researcher's subjective interpretation of the phenomenon which was occurring within a particular social context, and during the social interaction of the interview.

The social constructionist perspective also takes into consideration the influence of the researcher on the research process and participants. Thus it is possible that the participants' perception of the researcher might have given rise to a need to appear more aware and in control of the influence of their religious beliefs on their therapeutic relationships.

The researcher also acknowledges that because of academic demands she was not able to follow the recommendations made by Charmaz (2006) with regard to delaying the literature review. Charmaz (2006) suggests delaying the literature review until after data analysis to allow researchers to articulate their ideas, and prevent preconceived ideas from influencing the development of the theoretical categories. First, from a purely pragmatic viewpoint, the thought of postponing a literature review until data collection and analysis are well under way is simply unworkable for doctoral research students. This was particularly true for the researcher, whose ethical approval and progression through the doctoral process was heavily dependent upon producing a detailed literature review prior to commencing data collection.

Furthermore, in terms of the argument that engaging with literature may contaminate the research by imposing assumptions and preconceptions, the idea that any researcher undertakes a study without some level of prior knowledge or ideas is simply unrealistic. This idea seems to contradict the principles of social constructionism and symbolic interactionism, the influence of socially constructed ideas, symbols and language in persons' perceptions of the world. Cutcliffe (2000, p. 1480) posits that 'no potential researcher is an empty vessel, a person with no history or background'. Thus it is impossible to achieve this idea of a clean theoretical slate. As a result, the researcher acknowledges that her understanding of her own world and especially about the role of religion in her own life is bound to have had an influence on the way the interviews and data have been analysed and processed. This will be further discussed in the reflexive account section of this study.

Lastly, the sample used for this study was varied on a number of dimensions (i.e. gender, religious background, theoretical approach and qualification), this made the analysis difficult and the findings hard to combine. The analysis was conducted taking into consideration the differences between the participants and how these could impact on the account of their experiences. From a social constructionism and symbolic interactionism point of view, these variations are bound to have increased the variability of the findings. But it is also possible that the variations found between the participants' accounts, reflect a more general difficulty to do with epistemology, science and the current context. Notwithstanding, the researcher acknowledges that a more homogenous sample in future research could be used as a way to reduce

variability and to increase the changes for the development of a more finely grained theory of the participants' experiences.

5.9. Reflexive account

As a non-religious counselling psychologist trainee, my first interest in the research topic began when I was referred a young Muslim woman for counselling, who reported severe verbal abuse in her marriage, but also how important it was for her to remain in the relationship due to the impact a potential divorce could have on her life, given the expectations of her culture. I confess I really struggled to make sense of my client's worldview as we were miles apart in our ways of interpreting things. The client must have sensed my difficulties and disengaged after two sessions. I started to question myself on how I would feel if I had counselling with a religiously committed counsellor, and how the differences in value systems could affect our relationship. I then began to observe religiously committed colleagues in training and how they struggled with managing their 'religious self' in training. In addition, as previously mentioned elsewhere, I am originally from Brazil, where religion is extremely important to most people, and plays a massive part in shaping people's worldview. Although I would consider myself as being non-religious I can clearly identify how the strong Christian beliefs embedded in my culture have influenced my worldview. Thus I became deeply interested in the experience of those for whom religion means much more than for myself. I was particularly interested if the participants would experience struggles similar to the one I experienced with my client, and in the ways they would manage the possible difficulties. I also became aware that I had a prejudiced view which implied that difficulties between clients and religiously committed practitioners were

immanent. During the interview process through to the writing up of my findings I made an effort to remain aware of how my personal views could affect the interpretation of the findings. I am by no means trying to imply that my views have not affected the research process. In fact, I have on record how I struggled with guilt during the interview with William, who is a priest, because I felt it was not appropriate to question him. The identification of a priest as an example to his congregation could not leave my mind, and left him in a position of power. In opposition, to this I also remember how uncomfortable I felt when after a couple of interviews I was asked if I were religious or which Church I attended. I felt somewhat that I had betrayed the trust of my participants, and wondered if the interview would have been any different if I had disclosed I was not religious. Unfortunately, it is not possible for me to know how participants have felt during the interview process, but at times I felt that the fear of judgment or lack of trust spoken about in the findings might have been re-enacted during the interview process. Perhaps, with such central aspect of their identity researched and the power perhaps being seen to be held by the researcher asking the questions, this could have reminded participants of those experiences when it did not feel 'safe' enough to speak freely, as noticed by William's denial of disclosure about his religious position to clients.

Finally, the research process has had a considerable impact on me. It has altered my views on theory, research and practice. The personal nature of the descriptions alerted me to some of my prejudices and how these can impact on my personal and professional relationships.

5.10. Suggestions for future research and training

The findings from this study have a number of implications for Counselling Psychology practice. First, it is the researcher's view that religion as an aspect of cultural diversity should be included in the training of counselling psychologists. The researcher believes this inclusion is justified in light of three interrelated factors: the professional ideal of cultural inclusion; the substantial evidence of religion as a cultural fact; and the appreciation of counselling as a value-based form of intervention. Moreover, there may also be a case for supervisors receiving similar training such that they could be sensitive to addressing spiritual and religious issues and needs in their supervisees and also in the work that they present. It is important to note that the objective should not be to find one way of working which can be taught, but rather to incorporate the growing body of research into training in a way that validates the issues and leaves the trainee feeling competent in dealing with religion and spirituality in a therapeutic setting.

Secondly, the study proposes that the participants' need to shield their 'religious self' from the outside is due to the fear of potentially contentious discussions. The participants' accounts of their experiences of training in particular and the little mention of having discussed their religious self in supervision and personal therapy, their fear of judgement and rejection, and how this has resulted in a reduced insight of the profound impact of this aspect of their identity on their counselling practice – all this is relevant to this present study. As a result, an exploration through personal therapy, of the practitioners' own assumptions and prejudices is also put forward as an integral element in the practitioners' professional development. Although one could argue that

self-awareness is important for a practitioner dealing with any issue, it is noteworthy that religion and spirituality are together an area that most people have personal experience of, as most people subscribe to a religion (Bernstein, 1995) in comparison to another area such as childhood sexual abuse. Therefore, the practitioner would need to be more cognizant of personal perspectives as they may be more salient and apparent.

The broad research question has raised areas for future study. The participants were theoretically sampled according to religious commitment. However, as emphasised by Shafranske and Malone (1996, p. 151) “religious identification for some may be the thread that unites individuals into a social unit. Features of diversity are not isolated. The question should not be posed as to which factor alone provides the agency of influence. Gender, ethnicity, religion, and a host of other factors conjoin to contribute to one’s cultural identity, affiliations, and values.” This suggests that cultural differences are complex phenomena, and future research needs to look beyond the general identification of religious denomination to the diverse interactions between ethnicity, religious denomination, and locality.

Furthermore, research could focus on developing religious assessment tools and interventions that are culturally appropriate to the UK population. Shafranske and Malony (1996) suggested a model of assessment of religious involvement and beliefs through four criteria: religious orientation, degree of openness or closeness in structure and function, relationship to normative religious and cultural experience, and congruence between salience and the degree to which the religious tradition’s prescripts are followed. The authors understood that through such an approach religiousness can

be understood and assessed without relying solely on the subjective opinion of the clinician or correspondence to the clinician's personal belief system.

Lastly, future qualitative research could explore in depth counselling psychologists' experiences of addressing religious and spiritual issues in personal therapy and supervision as this was only marginally considered in the current study.

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Appendix 1 : Ethical Approval



London

From: Jan Harrison

Sent: 26 July 2012 09:51

To: Lara Lopes De Jesus

Cc: Lance Slade; Diane Bray; Elena Gil-Rodriguez

Subject: Ethics Application Ref: PSYC 12/ 047

Dear Lara,

Ethics Application

Applicant: Lara Lopes de Jesus

Title: An exploration into the experiences of religiously committed counselling professionals working with religious and non-religious clients

Reference: PSYC 12/ 047

Department: Psychology

Many thanks for your response and the amended documents. I am pleased to confirm that conditions for approval of this project have now been met. However there are two minor issues still to address, details of which are given below:

i. Consent: Please add a statement that that if participants do wish to withdraw they should contact the researcher with their ID number (or their pseudonym if that is used) and their data will be withdrawn (it is assumed that participants will be given their ID number or pseudonym).

ii. Consent and Debrief: please amend the wording regarding further contact to "Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator or Director of Studies in the first instance. However if you would like to contact an independent party please contact the Head of Department."

As these are only minor conditions it is assumed that you will adhere to these conditions for approval and therefore we do not require a response. We do not require anything further in relation to this application.

Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.

Many thanks,

Jan

Jan Harrison

Ethics Administrator - Research & Business Development Office

University of Roehampton | Froebel College | Roehampton Lane | London | SW15 5PJ

jan.harrison@roehampton.ac.uk | www.roehampton.ac.uk

Tel: [REDACTED]

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Appendix 2: The Interview Guide



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Interview guide used for participants 1 to 5

1. What does your religion mean to you?
2. Tell me about your experiences of working with clients with similar religious beliefs to yours.
3. Tell me about your experiences of working with clients with different religious beliefs from yours.
4. Tell me about your experiences of managing issues of difference and diversity in relation to religious beliefs, arising from client work.

Questions added to the interview guide for participants

6 to 9

5. How do you think your religion may influence your counselling practice?
6. Why did you take interest in my research topic?
7. Can you tell me about your experience of managing your religious self during training?
8. Have you ever disclosed your religious beliefs to clients?
9. Can you tell me about instances in which you have made disclosures about your religious position that have been constructive or

useful for the client, and maybe instances in which you think you should have refrained from doing this?

* The following prompts were used when participants struggled to conceptualise their experiences in relations to the cultural context of their work, the following prompt a further clarification, as follows:

1. Think about your experiences of working with religious and non religious clients; specifically consider your awareness of any thoughts and actions in relation to how you perceive yourself and your clients, bearing in mind any cultural matters. What did you notice?

2. Did this influence your work? How?

3. In what ways, if any, did it affect you - Personally ? Professionally?

Appendix 3: Participant Recruitment Poster



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Participation in Counselling Psychology

Doctoral Research Project

**Are you a counselling
psychologist/psychotherapist/
counsellor committed to a particular
religion?**

If the answer is yes, you might wish to take part in this research study. Please read the attached 'Recruitment Information' to find out more about the research topic, participant requirements and ways to contact the researcher.

Thank you for taking interest in this project.

Researcher: Lara Lopes de Jesus. Student number: 07226691.

Research title: **'AN EXPLORATION INTO THE EXPERIENCES OF
RELIGIOUS COMMITTED COUNSELLING PROFESSIONALS WORKING
WITH RELIGIOUS AND NON RELIGIOUS CLIENTS.'**

Appendix 4: Informed Consent



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Consent Form

Research project title: 'AN EXPLORATION INTO THE EXPERIENCES OF RELIGIOUS COMMITTED COUNSELLING PROFESSIONALS WORKING WITH RELIGIOUS AND NON RELIGIOUS CLIENTS.'

The aim of the proposed research study is to illuminate the religious experiences of counsellors that may influence the approaches they use in counselling and the effect on components of the counselling process. Furthermore, the objective of the research is to raise counsellors' awareness of how their religious beliefs may influence their delivery of counselling services.

If you are interested in taking part in this research study, please read this text carefully; as it explains in detail the commitments and rights of participants.

This is a qualitative study, and research data will be collected by conducting audio recorded interviews, which are expected to last around 60 minutes. The researcher will interview fifteen religious committed counselling professionals about their experience of working with religious and non-religious clients. You will be asked to talk about experiences related to religious issues that you come across in your client

work, which seem important and meaningful to your personal and professional development.

1. The interview is confidential between researcher and participant, and confidentiality will be broken only in cases where researcher holds genuine concern for participant's or others' well-being.
2. University staff, including a supervisor and marking members of staff will have access to anonymised interview transcripts, which means all identifiable data will be removed.
3. It is possible that this PsychD project will be published in a counselling psychology journal or other psychology related work.
4. You have the right to withdraw from the research study at any time without giving a reason, and do this by using your ID code. It may be that some data will be used in an aggregate form after you withdraw.

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator or Director of Studies in the first instance. However if you would like to contact an independent party please contact the Head of Department.

Director of Studies Contact Details:

Dr Elena Gil-Rodriguez
University of Roehampton
Whitelands College
Holybourne Avenue
London, SW15 4JD
Email: elena.gil-rodriguez@roehampton.ac.uk
Tel: [REDACTED]

Head of Department Contact Details:

Dr Diane Bray
University of Roehampton
Whitelands College
Holybourne Avenue
London, SW15 4JD
Email: D.Bray@roehampton.ac.uk
Tel: [REDACTED]

Investigator Contact Details:

Lara Lopes de Jesus

Psychology Department

University of Roehampton

Whitelands College

Holybourne Avenue

London, SW15 4JD

Email: lopesdel@roehampton.ac.uk

Telephone number: [REDACTED]

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point. In case I decide to withdraw my consent, all data will be removed from this study, but may be used in a collated form.

I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name

Signature

Date

Appendix 5: Debriefing



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Debrief

Thank you for your interest and participating in this research study.

The aim of the proposed research study is to illuminate the religious experiences of counsellors that may influence the approaches they use in counselling and the effect on components of the counselling process, such as relationship development, intervention selection, and openness to different values and belief systems. Furthermore, the objective of the research is to raise counsellors' awareness of how their religious beliefs may influence their delivery of counselling services.

Please use this debrief time to voice your feelings, thoughts, queries and/or concerns related to your participation, if you wish to.

In case you wish to seek support regarding possible concerns arising from your participation in this research study, please contact your clinical supervisor.

Alternatively, here is a suggested list of available supportive organisations in case you wish to seek support regarding possible concerns arising from your participation in this research study.

- Samaritans helpline: 08457 909090
- Contact your personal therapist
- Find a therapist: www.bacp.co.uk; www.psychotherapy.org.uk;
www.bps.org.uk

Data collected from interviews will be used for the purpose of this research project, and may also be used for potential publications in national and international journals. The audio recording of your interview, your transcript and signed consent form will be securely kept for up to ten years, and then securely destroyed. As stated in the BPS Code of Conduct and Ethics (2009), you have a right to withdraw from the study at any stage, meaning that all materials and evidence of your involvement can be destroyed at your request.

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator or Director of Studies in the first instance. However if you would like to contact an independent party please contact the Head of Department.

Director of Studies Contact Details:

Dr Elena Gil-Rodriguez
University of Roehampton
Whitelands College
Holybourne Avenue
London, SW15 4JD
Email: elena.gil-rodriguez@roehampton.ac.uk
Tel: [REDACTED]

Head of Department Contact Details:

Dr Diane Bray
University of Roehampton
Whitelands College
Holybourne Avenue
London, SW15 4JD
Email: D.Bray@roehampton.ac.uk
Tel: [REDACTED]

Thank you.

Appendix 6: Participant Confirmation of Handling



DEPARTMENT OF PSYCHOLOGY

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Recruitment information

Research Title: *'An exploration into the experiences of religious committed counselling professionals working with religious and non-religious clients'.*

Researcher: Lara Lopes de Jesus, Counselling Psychologist in training, 2nd year.

Research Director of Studies: Dr Elena Gil-Rodriguez, Counselling Psychology Department, University of Roehampton.

Thank you for taking interest in this PsychD research project in Counselling Psychology. The purpose of this study is to explore the experiences of religiously committed counselling professionals working with religious and non-religious clients.

This is a qualitative study, in which I aim to interview 15 qualified counsellors with different religious backgrounds and different therapeutic approaches. Participants will be registered with a recognised therapeutic institution (BPS, BACP, UKCP).

Participants will be asked to describe clinical experiences, such as relationship development, intervention selection, and openness to different values and belief systems.

If you are interested in this study and would like to take part, please contact, Lara Lopes, on [REDACTED] or email lopesdel@roehampton.ac.uk

After discussing any question you may have regarding this research, I will email a 'Consent form' and 'Demographics form' to be read through and completed/signed before the interview. Participation is entirely voluntary. Also, you may withdraw your consent at any time without a reason, all data associated with you will be destroyed. You are not obligated to answer any

questions that you do not wish to discuss, and can terminate the interview without explanation at any time.

A mutually convenient time and place will be chosen for an interview to take place.

The interview will be audio-recorded and will last approximately 60 to 90 minutes.

All audio recordings will be transcribed, and any identifiable data will be removed from the transcript, and will not appear in any part of the research project.

You may find taking part in this research project beneficial and relevant to your client work and professional development, as it may increase your awareness of important religious issues that exist in therapeutic work. However, discussing religious issues may bring up unexpected and possibly distressing reactions in you. Knowing this risk, it is important that you disclose as little or as much as it feels comfortable and safe. I shall be available to you after the interview to discuss any concerns and to answer your questions. You can also refer to the 'Debriefing Information' given after the interview for a list of supportive agencies.

Your signed 'Informed consent form', audio recording and transcript will be kept separately and securely in agreement with the Data Protection Act, for up to ten years after the completion of the research project. Confidentiality may be broken in cases where the researcher suspects any serious risk to participants or others (BPS Code of Conduct & Ethics, 2006). Apart from the researcher, a supervisor and the examiners may listen to/read anonymised recorded materials. The doctoral thesis may be published in a psychology journal and will be available at Roehampton Library for internal loan.

The researcher maintains to act in a professional and ethical manner at all stages of the Research Project, which has been approved under the procedures of University of Roehampton's Ethics Committee.

Please contact me, Lara Lopes, via telephone [REDACTED], or email lopesdel@roehampton.ac.uk, if you wish to discuss any concerns or to raise any questions related to your participation in this research study. Alternatively, contact my Director of Studies, Dr Elena Gil-Rodriguez, Elena.Gil-Rodriguez@roehampton.ac.uk, School of Human & Life Sciences, Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD.

Appendix 7: Participant Demographic Form



DEPARTMENT OF PSYCHOLOGY

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Participant Demographic Form

Dear participant, please complete this confidential form, which has for purpose generating information which is relevant for the rationale of the research project. Collected data will be kept safely, and separately from any identifiable information about you.

Please answer the following questions:

1. Occupation: (please specify)

☐ **I do not wish to say**

2. Therapeutic approach used in your clinical practice:

☐ **I do not wish to say**

3. Therapeutic institution you are registered with:

☐ **I do not wish to say**

4. How many years counselling experience do you have?

☐ **I do not wish to say**

5. Gender:

Male Female

(Circle)

[] **I do not wish to say**

6.Age:

[] **I do not wish to say**

7.Ethnicity:

White

[] British

[] Irish

[] Any other White background... please specify

Black

[] Caribbean

[] African

[] Any other Black background.... please specify.....

Mixed

[] White and Black Caribbean

[] White and Black African

[] White and Asian

[] Any other mixed background.... please specify.....

Asian

[] Indian

[] Pakistani

[] Bangladeshi

[] Any other Asian background.... please specify.....

[] Chinese

[] Any other ethnic background..... (please specify)

☐ **I do not wish to say**

8. Birth country:(please specify).

☐ **I do not wish to say**

9. Mother tongue:(please specify).

☐ **I do not wish to say**

10. Sexual orientation: (circle)

heterosexual

lesbian

gay

bisexual

other

☐ **I do not wish to say**

11. Religion: (please specify)

☐ **I do not wish to say**

Please return the completed form to the researcher

Thank you

Appendix 8: Extracts of Initial and Focused Coding

Note: 'R' is used to abbreviate researcher and 'P' is used to abbreviate participant

Extract 1	
<ul style="list-style-type: none"> • Initial, line by line coding with participant 2 (Elizabeth). • Interview took place early in the research, pre-theoretical sampling • Extract taken from beginning of interview, after participant spoke about her interest in the research and that she believes her religious commitment has an “effect” on her counselling practice. 	
Interview Transcript	Initial Coding
<p>R: How do you think it has an effect?</p> <p>Elizabeth: I think partly it's had an effect on me because the kind of psychotherapy that I have begun to practise is very influenced by the whole relational movement of psychotherapy. So believing that actually it's the relationship between the client and the therapist that has the most significant effect on whether 'therapy' works. So that actually you can be humanistic or intuitive or psychodynamic and actually although the models are important it's the way you relate to your client has the effects. So I've thought, well, there's that but also my religious faith is really important to me. I'm a practising Christian so it's not just something that I said, oh, yes, I've thought about that but it actually affects the way I think about life and I see my faith as a relation of both. It's not just going through a certain amount of patterns or rituals or doing things that I'm told to but it's actually relating to God, relating to the community that I'm part of it.</p>	<p>Thinking religion has an “effect” on her and her practice</p> <p>Religion as influencing choice of approach</p> <p>Identifying a possible parallel between religion and the relational movement.</p> <p>Believing that the therapeutic relationship will determine the effectiveness of therapy.</p> <p>Thinking the therapeutic relationship surpasses any theoretical approach to counselling.</p> <p>Acknowledging the importance of theory.</p> <p>Reiterating her belief on the importance of the “relationship”.</p> <p>Thinking there is more than theory</p> <p>Acknowledging the importance of religion to her</p> <p>Being a practicing Christian</p> <p>Explaining religion is more than thinking</p> <p>Thinking about how religion affects life and behaviour</p> <p>Religion as being more than “patterns” and “rituals”</p> <p>Defining` religion as a way to relate to God and the community.</p>

Extract 2**• Focussed coding with participant 2 (Elizabeth)**

Interview transcript	Focussed coding
<p>R: How do you think it has an effect?</p> <p>Elizabeth: I think partly it's had an effect on me because the kind of psychotherapy that I have begun to practise is very influenced by the whole relational movement of psychotherapy. So believing that actually it's the relationship between the client and the therapist that has the most significant effect on whether 'therapy' works. So that actually you can be humanistic or intuitive or psychodynamic and actually although the models are important it's the way you relate to your client has the effects. So I've thought, well, there's that but also my religious faith is really important to me. I'm a practising Christian so it's not just something that I said, oh, yes, I've thought about that but it actually affects the way I think about life and I see my faith as a relation of both. It's not just going through a certain amount of patterns or rituals or doing things that I'm told to but it's actually relating to God, relating to the community that I'm part of it.</p>	<p>Acknowledging the impact of religious values on clinical practice.</p> <p>The role of religion as being both practical and philosophical.</p> <p>Being part of a community.</p>

Extract 3

- **Initial, line by line coding with participant 6 (Sushuma)**
- **Interview conducted later in the research, post-theoretical sampling.**
- **Extract from the middle of the interview, after participant spoke about her work with Muslim clients, the researcher asked if she had the same approach with non-religious clients.**

Interview transcript	Initial coding
<p>I had a client, he was a man again, very, very successful, IT consultant but he was very, very nervous. He was having phobia like climbing onto the train. He said I don't believe in God so I said, okay, that's fine. You know when my judgment comes in I thought he doesn't believe in God. I would feel lost in the beginning, what am I going to do, and then I would have to work with myself, hold on, hold on. He's come to you for a reason and we discussed the issues because I wear the veil, the hijab, and I'm a Muslim woman and you're a white man, an Englishman. How do you feel about our relationship? He said, no, I don't see this, I just see you as a person. By the time we finished he felt very stable. I was using NLP, releasing your fear. How can he prepare himself, the journey for the train, releasing his negatives thoughts back to universe. How do you want to be different? If anything was possible, if a miracle happened, how would you want to be? So he'd visualise himself and then you'd bring back closer that visualisation, you step into that body and that picture mentally. You get up, you do all the actions and then you connect with that energy.</p> <p>So by the time he left he said he was so grateful that he had met me. He was going back to work and he had got his confidence back. He always felt like his boss was looking over his shoulder and judging him, and he would start stuttering. I told him, that's the time when I said, look, I'm a Muslim and I'm not going to impose my religion on you. I believe everybody's</p>	<p>Providing the information about client Describing presenting issue</p> <p>Acknowledging she was judgemental of the client's lack of belief in God.</p> <p>Feeling lost when client has no belief in God.</p> <p>Coming to terms with client's beliefs. Realising client is seeking help Discussing her religious position with client.</p> <p>Establishing how client feels about her religious identity. Providing client's position in relation to her as a religiously committed counsellor. Evaluating the effectiveness of the therapeutic encounter. Explaining theoretical approach used Helping client to face difficulties Encouraging client to release negative thoughts</p> <p>Using the miracle question to determine therapeutic goal.</p> <p>Using visualisation to support client</p> <p>Explaining how therapeutic approach works</p> <p>Describing client's positive feedback and effectiveness of counselling. Talking about client's difficulties.</p>

<p>God is the same God and this is the prayer I did when I felt I can't talk, and maybe you can omit the word 'oh God', you can say universe or strength, whatever you believe in, or nature. Help me, open my breast for me, make my task easy when you have to do your presentation. He said, okay, and you can see he'll take it. So he took it and then he said he did do that, he did do the prayer, he had it, he showed it to me.</p> <p>So I gave him the choice, I said you don't have to use my words, you can change them and you can do it how you feel comfortable if you want to.</p>	<p>Explaining her religious beliefs to client. Using self-disclosure to justify intervention. Suggesting client can adapt religious methods that have worked for herself. Implying a belief in an external force will help client overcome difficulties.</p> <p>Expressing the client's agreement to her suggestion.</p> <p>Telling client was given a choice to justify imposition of religious values.</p>
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Extract 4

• Focussed coding with participant 6 (Sushuma)

Interview transcript	Focused Coding
<p>I had a client, he was a man again, very, very successful, IT consultant but he was very, very nervous. He was having phobia like climbing onto the train. He said I don't believe in God so I said, okay, that's fine. You know when my judgment comes in I thought he doesn't believe in God. I would feel lost in the beginning, what am I going to do, and then I would have to work with myself, hold on, hold on. He's come to you for a reason and we discussed the issues because I wear the veil, the hijab, and I'm a Muslim woman and you're a white man, an Englishman. How do you feel about our relationship? He said, no, I don't see this, I just see you as a person. By the time we finished he felt very stable. I was using NLP, releasing your fear. How can he prepare himself, the journey for the train, releasing his negatives thoughts back to universe. How do you want to be different? If anything was possible, if a miracle happened, how would you want to be? So he'd visualise himself and then you'd bring back closer that visualisation, you step into that body and that picture mentally. You get up, you</p>	<p>Introducing the client</p> <p>Acknowledging she struggles with clients who do not hold religious beliefs.</p> <p>Acknowledging her religious identity cannot be hidden from clients.</p> <p>Exploring client's emotional reaction to her religious self.</p> <p>Emphasising she can support a non-religious client achieve his therapeutic goal</p> <p>Describing techniques used to support client.</p>

<p>do all the actions and then you connect with that energy.</p> <p>So by the time he left he said he was so grateful that he had met me. He was going back to work and he had got his confidence back. He always felt like his boss was looking over his shoulder and judging him, and he would start stuttering. I told him, that's the time when I said, look, I'm a Muslim and I'm not going to impose my religion on you. I believe everybody's God is the same God and this is the prayer I did when I felt I can't talk, and maybe you can omit the word 'oh God', you can say universe or strength, whatever you believe in, or nature. Help me, open my breast for me, make my task easy when you have to do your presentation. He said, okay, and you can see he'll take it. So he took it and then he said he did do that, he did do the prayer, he had it, he showed it to me.</p> <p>So I gave him the choice, I said you don't have to use my words, you can change them and you can do it how you feel comfortable if you want to.</p>	<p>Emphasising effectiveness of her approach.</p> <p>Self-disclosure to justify spiritual intervention.</p> <p>Using client's response as a sign of agreement.</p> <p>Ignoring power imbalance in the therapeutic relationship.</p>
---	---

Appendix 9: Additional examples of coded interview transcripts

1.

Interview Transcript	Initial Coding
<p>R: I'd like to hear more about if you can remember a particular case maybe of working with clients with similar religious beliefs to yours in which you constructively introduced faith into the counselling work with them that you think was helpful to them, and maybe think of an instance that you introduced religion and reflecting back now you think maybe wasn't helpful.</p>	
<p>P: There are so many where I have actually mentioned religion, those who wanted to know. It's very, very basic I give them. I don't give them so much because in the first place, as I said, it's not my place, I'm not there to teach them religion. I am there to help them through whatever I use for my work. So in the simplest form would be -- as I've said, I've given it to so many clients of mine, a prescription of supplications and there are cards made out for that reason. People who are going through depression and anxiety and ask them if they could recite those supplications that'll help them relieve feeling depressed.</p>	<p>Affirming religion as part of her therapeutic work</p> <p>Justifying the inclusion of religion in clinical work Explaining how religion is integrated to clinical work Defining what is not part of her role as a therapist Emphasising religious teaching shouldn't be part of therapy/ Explaining what her role is Providing an example of how religion enters the therapeutic relationship</p> <p>Giving clients supplications for anxiety and depression.</p> <p>Instructing clients on how to make use of the supplications</p>
<p>R: So those you give to Muslim clients?</p>	
<p>P: Muslim clients only if they want it because at one surgery one of the practice managers told me, I'm sorry but we do not give out literature, that shows that we are propagating Islam in the surgery. I said I'm not propagating Islam at all, this is something that is going to aid this client in his or her distress and that's all. She's a Muslim herself but because she's so fearful of allegations that they have to be safeguarding themselves. I said I'm taking it upon myself because I am not propagating Islam. I've talked to the clinic where there's a committee who manages</p>	<p>Affirming supplications cannot be forced on to clients Being reprimanded at work</p> <p>Justifying the use of religious tools in her workplace</p> <p>Affirming the therapeutic value of supplications</p> <p>Explaining why she has been reprimanded</p> <p>Affirming inclusion of religion in counselling is not propagation Seeking permission to continue integrating religion to therapeutic work</p>

us and I spoke to him. I said this is what I do, it's part of the work I do and he said that's fine. So once I get an okay from them I don't need to worry about it. I'm not there giving pamphlets, look, this is what Islam is about. No, I'm not doing that.	Getting permission takes mind away from worries Reaffirming she is not propagating Islam
R: So it's one difficulty that you encounter that people are concerned that you might be propagating Islam. I find it interesting.	
P: Yes, exactly, the same thing. I actually quote certain verses from the Koran which are inspirational, that God does not help those who does not help themselves and it's clearly written down that if you come one step towards God he'll come. If you go one step he'll come 10 steps towards you, he'll be helping you that way. If you walk towards God he will run towards you and help you. If you run towards him he'll just pick you up among the assembly of angels. So these are a few things that whatever I know on top of my head in the moment which comes up then I'll be talking about it, and see how the client is responding to that because most of the clients whom I have spoken to, especially Muslim clients, when I speak to them about Koran they connect so quickly.	Providing further explanation of how she integrates words from the Koran in her clinical work Affirming people need to help themselves to get help from God Asserting that one's proximity to God will determine his willingness to provide help Affirming religious ideas are used whenever she feels it is appropriate Watching clients' responses to religious interventions Using clients' responses to justify the use of religious interventions

2.

Interview Transcript	Focused Coding
R: When I asked you my last question about how it influences your relationship with clients and with colleagues with different and similar beliefs, you said to me that you learned there in some places and with some people you can talk about it and with some people you just feel like you're not allowed. Can you talk more about these experiences?	
P: I worked as a volunteer to the xxxxx. Sometimes we had meetings and stuff and	

<p>there were people who (inaudible). We had different people, we were all volunteers, when we had meetings we came together, had chats and things, and afterwards we had coffee. There were some people who were Church of England, they went to church, and they didn't like anything that was not said in their church. So if I would talk about anything at all I could see they didn't like it so we wouldn't talk again. Some other people, oh God, I don't believe in God and I'm not interested in this part of it. Actually once I asked someone but you know your client may be a religious person, how do you deal with it? When it comes to it I'll deal with it, whatever. So you learn to see.</p> <p>I never said, no, I don't. If somebody asked I said I'm a Spiritualist, I'm a Christian but always make sure I say I'm a Christian because otherwise people think you're into Voodoo and stuff. Now it's beginning to be open but before it wasn't even in the therapeutic. I mean you wouldn't talk about religion at all actually to be truthful. When I first started and learning things you wouldn't talk about these kind of things, it wouldn't really be part of the study, although sometimes I would bring some stuff in and things.</p> <p>In a way it was almost like I was afraid that people would think I was not very good and I was trying to enforce my religion on people or I was soft in the head because in a way I had a religion that is pure enlightenment but they wouldn't accept it.</p>	<p>Describing experiences that lead her to believe some people were not open to religious discussions.</p> <p>Providing reason for inclusion of religion in training</p> <p>Affirming Christians are more socially accepted than Spiritualists.</p> <p>Emphasising religion discussions were not part of her training.</p> <p>Feeling afraid of being judged negatively</p> <p>Categorising her religion as 'pure enlightenment'</p>
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3.

Interview Transcript	Focused Coding
<p>P: I've had to deal with a couple of gay clients. I know the first time I did it it did create questions for me but I don't think it was because of what the Catholic Church teaches about homosexuality. I think it was my own personal prejudices in a way and I had to work that through for myself. Then I had another client who was gay and I suppose because I worked it through with the first client it was less of an issue for me. Neither of them ever commented, I don't think I was transferring anything to them or whatever. I don't think I ever indicated to them that maybe I was prejudiced in some way but it did raise questions for me.</p>	<p>Acknowledging difficulties in the work with homosexual clients</p> <p>Divorcing religion from personal prejudices</p> <p>Acknowledging increased self-awareness has facilitated the work with homosexual clients.</p> <p>Emphasising his 'personal prejudices' were noticed by clients.</p> <p>Acknowledging work triggered questions</p>
<p>R: Were the issues they were bringing related to their sexuality?</p>	
<p>P: Well, not directly but inevitably it came in.</p>	<p>Acknowledging clients' sexual orientation are bound to be part of their presenting issue</p>
<p>R: How did it feel dealing with those clients when you had this personal struggle at the back of your mind?</p>	
<p>P: Well, I think partly I wanted to find out more. For example, they obviously know -- changed partners quite frequently so I was asking myself why is this unique to homosexuality and I don't have the answer entirely. But I remember my supervisor she said you must be open about your own orientation with them and adopt the view that I don't understand homosexuality myself, it's not my world view if you like, perhaps you can enlighten me, perhaps you can inform me. I remember one of the clients said something that was quite interesting about this, between a man and a woman, the dynamic of a woman of having children is important whereas this doesn't exist between two men, and maybe this affects the regularity of when they</p>	<p>Making assumptions based on clients sexual orientation</p> <p>Acknowledging supervision was important in overcoming difficulties</p> <p>Acknowledging lack of in depth consideration of topic</p>

<p>change partners. So again I don't really know because I never went into detail. Sometimes people have brought up questions about abortion. There was one young woman, in fact she was a Catholic but not practising and she'd had three abortions. But I think for me this was not that she'd done something very wrong, I mean I don't think it came at a time when I was trying to sort of lay down moral parameters. It was more again like the gay thing, why is it, and I asked myself how do women respond to abortions and again I haven't had time to look into it. But a lot of the literature about abortion is so polarised that it's difficult to find an objective view. It must exist, people must have done research on it but I haven't come across it.</p>	<p>Classifying client's choice as 'very wrong'</p> <p>Divorcing judgement from trying to set 'moral parameters'</p> <p>Emphasising lack of time to think and question his own position.</p> <p>Trying to find answers in the literature</p>
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